

CRUISE CONTROL

UNDERSTANDING

SEX ADDICTION

IN GAY MEN

SECOND EDITION

ROBERT WEISS, LCSW, CSAT-S

Foreword by Patrick Carnes, PhD, author of *Out of the Shadows*



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Editor's note: All the stories in this book are based on actual experiences. The names and details have been changed to protect the privacy of the people involved. In some cases, composites have been created.

“Author Rob Weiss, with insight and clarity, affirms a healing spiritual message in *Cruise Control* that reflects knowledge, empathy and optimism for the gay sex addict. He celebrates the healing powers of treatment and sustained recovery. He understands the inclusiveness of spirituality that enables him to be a prophetic teacher and therapist.”

—Reverend Leo Booth, Master of Theology,
Author of *Say Yes to Your Sexual Healing* and *The Happy Heretic*

“When the celebration of sexual freedom for some gay men crosses into the dark road of sex addiction cloaked with shame, *Cruise Control* can be an invaluable resource. Not only does it provide hope for recovery, it openly explores how they landed on this path and gives strategic solutions to save themselves from it.”

—Stefanie Carnes, PhD,
Author of *Mending A Shattered Heart* and *Facing Heartbreak*

“Adding the technology chapter makes this second edition of *Cruise Control* a very useful, timely, and complete guide. Author Rob Weiss has a knack for presenting a refreshing balanced approach to sexuality. While he encourages freedom of sexual expression for gay men, he advocates for responsible decision making.”

—Marcus R. Earle, PhD, LMFT,
President of the Society for the Advancement of Sexual Health (SASH),
Clinical Director of Psychological Counseling Services, Ltd.

*Dedicated to those men who search
among shadows seeking light*

FOREWORD

Sex is at the core of our identities. It is a natural joyous part of life and being human. But when sex becomes a compulsion or an addiction, it can unravel our lives. I wrote about this very thing in 1983, *Out of the Shadows: Understanding Sexual Addiction*. For the first time, this book explored the dark side of our sexuality and how compulsive sex can mirror the addictive system often used to explain addictions to gambling, compulsive overeating, and substances like alcohol or other drugs. Thirty years ago, and still today the characteristics of the downward spiral of addiction look like this:

- Loss of control over behavior patterns and/or substance use
- Being preoccupied and obsessed with acting out pleasurable behaviors and/or using drugs to the detriment of other life goals, relationships, recreation, health and vitality
- Using or continuing problem behavior despite obvious negative consequences
- Living a double, secret life while hiding acting out behaviors or drug use from those closest to you
- The inability to gain and maintain genuine intimacy with a spouse and loved ones—due to secrets, lies and a hidden compartmentalized life

It doesn't matter if the addiction is to a substance or behavior, whether you are male, female, gay, bisexual or straight, the underlying psychological dynamics that drive addictive sexual acting out are all the same. Addictions do not discriminate. Early neglect, abuse, character disorders, and other emotional challenges all play a part in the equation.

Although the path to addiction is the same for everyone, the gay male community has its own unique challenges. In

addition to a sad legacy of HIV/AIDS, gay men typically have higher rates of drug addiction and alcoholism than heterosexuals.¹ And recognizing sex addiction among gays is more difficult than identifying it in straight men.

A resource like this second edition of *Cruise Control* couldn't be timelier. Since the first edition of *Cruise Control* (published in 2005), our sexual landscape has changed irrevocably due to new and evolving technology. Not only has this greatly impacted how all of us communicate and stay in contact with each other, it's also changed how we date, mate or even simply hook-up with a stranger. Today, GPS and smart phone apps have changed the way men (and women) cruise for sex. The opportunities to locate a willing sexual partner now require much less effort than in the past, when one actually had to physically encounter another person to find sex. Today, a laptop or readily accessible mobile device tucked in a pocket or briefcase is all that is required to find endless sexual encounters of every stripe. While all this can be liberating for some—it can also cause big problems for those gay (and straight) men who find their lives spiraling out of control because of their sexual behavior. Losing control over pleasure can be extremely dangerous and accurately knowing who and when to turn to for help can be challenging.

Cruise Control is an essential resource for gay men who have found their lives unraveled from the grips of sex addiction. It is also essential reading for anyone in a primary or family relationship with a gay male sex addict. Today, a mere eight years after publication of the first edition, gay male Twelve Step programs now routinely incorporate it as required reading. *Cruise Control* serves to illuminate a safe path out of the shadows of sexual compulsion, back into the light and fullness of life. Readers are offered insightful, step-by-step direction and solutions to the issues that gay sex addicts and their loved-ones encounter as they begin the long road to healing. And author, Rob Weiss is the perfect

person to bring clarity to this often very complicated issue. Not only does he take a realistic and holistic approach to assisting gay men in determining whether or not they are sex addicts, he also provides specific steps to be taken toward hope, healing and recovery.

Rob Weiss clearly is an empathetic guide through the proven strategies that has helped countless gay men develop healthy approaches to sexual expression. I have known and worked with Rob for several decades now—beginning when he was just starting out as a young, dedicated clinician. His ability to get to the heart of the problems of his clients was already legendary early in his career. As the founding Director of the Sexual Recovery Institute in Los Angeles and Director of Sexual Disorders Services at Elements Behavioral Health, Promises Malibu and The Ranch, he has established an international reputation for helping therapists understand the disease of sexual addiction, while supporting those who struggle to begin their sex addiction recovery journey. This revised, current book helps solidify Rob's wisdom and resources to recovering and gay communities everywhere. It should find a place in the personal libraries of all those recovering people and therapists who want to illuminate the dark recesses of our sexual selves and flourish as human beings.

Patrick Carnes, PhD

PREFACE

My initial commitment to this book evolved out of a series of articles published in the mid- to late 1990s. “Treatment Concerns for Gay Male Sex Addicts” (first published in *Sexual Addiction and Compulsivity: The Journal of Treatment and Prevention*) and others like it were written specifically for the many excellent psychotherapists and addiction counselors who needed further insight and language to help them better work with gay male sex addicts versus heterosexuals or even bisexual people with similar issues. The underlying psychological dynamics that drive both men and women, straight and gay, to use sex and relationships in a repetitive, objectified, and ultimately self-destructive way (sexual addiction) is often quite similar, regardless of sexual orientation. However, I felt (and still feel) that both gay sex addicts and professionals who treat them must be able to differentiate between healthy versus potentially pathological patterns of gay male sexual behavior. Only with this clarity can they best assess and treat (not label or judge) sexual issues in gay men. I wrote the journal article, and later this book, in part to educate clinicians and the general public that when working with sexual issues, it’s a mistake to use the “heterosexual experience” as “the norm.”

“Treatment Concerns for Gay Male Sex Addicts” was first written as a straightforward attempt to provide all mental health and addiction professionals with useful information, gleaned over many years of clinical work with gay male sex addicts. At that time American and European gay culture was being devastated by the then unstoppable, mostly *sexually transmitted* HIV epidemic. And I wondered then, as I do now, how many men became infected with HIV because they are untreated sex addicts who tend to have sex first and then worry about the consequences later.

After that article was published, I began to speak at professional events, introducing the topic of sexually addicted gay men into general lectures about sexual addiction. When meeting with other psychotherapists, before and after such events, I was surprised to hear my professional peers express strong apprehension about openly discussing and writing about gay mental health, gay addiction, and gay sexual problems. At that time, many gay and lesbian mental health colleagues feared that opening a public door to this kind of discourse would either reinforce preexisting homophobic cultural beliefs and/or provoke charges of homophobia from gay activists. That very scenario—one of a clearly definable set of problems that “we don’t talk about” because we are afraid of what others will say about us “if they find” out—so closely mirrored my own experiences with troubled families that are unable to heal because they refuse to discuss “the elephant in the middle of the room.” It bothered me. Because I grew up in a family with horrific mental health problems that no one was willing to talk about, much to the detriment of each individual and my family as a whole, I felt an urgent need to speak out openly about the real lives and challenges of gay men (my adult family) *without* employing a political filter or cautious agenda. I feel now, as I did then, that it is more important to provide needed information to those in trouble than to protect some idealized image of gay sexual freedom and/or attempt to avoid a backlash from those wishing to push a homophobic political agenda.

Since the late 1970s, the book *Out of the Shadows* along with other extraordinary work by Dr. Patrick Carnes has served as the primary gateway to truth and healing for nearly every male (and some female) sex addicts—although most gay men, when using that text had to interpret their experiences through the heterosexual lens of its author. Female sex addicts, both gay and straight, are fortunate to have both Kelly McDaniel’s *Ready to Heal* and Charlotte

Kasl's fine book *Women, Sex, and Addiction* available to guide them. It is my hope that *Cruise Control* will continue to help gay and bisexual sex addicts and their partners gain unclouded insight, compassion, and hands-on direction from which they can unashamedly take their first steps on the road to recovery.

Robert Weiss, LCSW, CSAT-S

August 2012, Santa Monica, CA

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CHAPTER ONE

Am I a Sex Addict?

Ed cruises the locker room long after finishing his workout. Sex at the gym is often his *reward* after a long day at the office if he has not hooked up with someone earlier, and sometimes even if he has. As focused as he may seem lifting weights, cycling, or preening himself in the locker room mirror, a part of Ed is always searching for another man who will return his gaze with equal interest and intensity. He is continually on the lookout for someone to have sex with.

Pacing himself through his workout, Ed objectifies the selection of male body parts strutting about the gym floor. Crotches, biceps, thighs, pecs, and faces all get instant mental ratings. The object of Ed's hunt is any desirable man who will look him in the eye long enough for him to get that feeling in his gut, the one that tells him "game on."

THE THRILL OF THE CHASE

Ed's cruising produces a physical reaction. His heart races, he feels slightly dizzy, and his hands begin to sweat. Each time it's like something deep inside of him is stirring awake. His ability to spot, evaluate, and pursue sexual prey feels as instinctive as eating or sleep. When cruising like this, he feels powerful and in control.

This is a familiar game. Ed knows and easily recognizes all the signs of sexual interest—the gaze, the nonverbal come-on, and all the postures and poses that indicate a positive response. Once a visual connection is made and confirmed, he and his intended then casually follow one another into a nearby bathroom stall or shower to hook up. If he is lingering in the steam room or sauna, the cruising is more

relaxed, as interested men pretend to unwind and look away while at the same time casually masturbating under a towel, flashing their semi-erect penises to each other and anyone else they might want to attract. If feeling threatened by an unexpected or undesirable observer, Ed can quickly shift into “detached mode” to avoid unwanted attention, then jump back to arousal in mere seconds.

On slow nights, Ed can spend long hours in the locker room and wet areas of the gym, mostly just waiting. He might lounge for long stretches of time in the sauna or make a protracted circuit between the whirlpool, steam room, and shower. Out of the corner of his eye he can see the regular patrons enter the locker room, clean themselves up, and leave. Despite hunger or fatigue, he will remain as long as it takes, hoping for *the right one* to come along.

As the hours wear on he often says to himself, *Just a few more minutes and I'll get out of here*, or *When I get hungry, I'll go*. Or more commonly, *Just as soon as a hot guy comes along, I'll be done here*. But invariably Ed finds reason to stay, to look just a little bit longer. Many long evenings at the gym begin by taking a peek around the locker room just to see who's there, only to end at midnight when the building closes. Once in “cruising mode,” no matter how tired, Ed can't stop. He can't abandon the search until he either finds someone for sex or masturbates to orgasm. Only then can he go home, exhausted and empty but no longer obsessed.

Looking for sex is always part of Ed's day, nearly every day, whether masturbating in the morning shower, keeping his smart-phone sex app open at work to see who might be looking to connect, or through carrying out his typical post-workout rituals. When the workweek ends, more opportunities heat up. On weekends, any unscheduled time is spent trying to hook up with strangers met through online social networks, in adult chat rooms, or by constantly checking sex-finder apps.

CONSEQUENCES OF LEADING A DOUBLE LIFE

Folded into his compartmentalized daily sexual activities, Ed has hidden parts of himself that most friends and coworkers wouldn't likely recognize. In locker rooms, back alleys, or on his smart phone—for three minutes or three hours—he cruises, sexts, and objectifies other men, eventually finding nameless, often wordless sexual experiences. During this time he feels extreme emotional arousal and intensity. These are the times that Ed feels most alive. After the sex, whether at home, back at work, or out to dinner with friends, he carries no trace of his exploits in his mood or demeanor. It's as if there are two versions of him—one known to his friends and coworkers, the other to strangers.

Also unknown to friends are the many consequences of Ed's sexual adventuring. A lewd-conduct arrest at a freeway rest stop just a few years ago sent him scrambling to scrape up money for a lawyer and bail, but he was too ashamed to ask anyone he knew for help. Even today, no one close to him knows about that incident. And though he will never forget the humiliation of being handcuffed to a freeway lamppost that day while the police went looking for more people to arrest, what bothers Ed more is that he went back to that very same place looking for sex just a few weeks after the arrest ... like it had never happened.

And of course there are the STDs. Bouts of venereal warts, a dose of syphilis some years ago, and endless HIV tests. Late nights cruising the gym locker room, long evenings cruising online for sex, and weekends trolling the clubs leave Ed frequently running late for appointments with friends and more and more distracted at work. Over time, Ed's sexual adventures extract a toll from his personal life and career. Twice in the past year, he was confronted for being out of the office too much and completing projects late. Several times recently he found himself sneaking out

of work for a quick Grindr hookup only to run into his boss when racing back to work. Even Ed has begun to notice the disappointed looks on the faces of his friends when he is late yet one more time for a dinner or movie date because he was out completing some unexpected, but impossible-to-turn-down, sex act.

Over time, Ed has become more depressed and irritable, and yet he has been unable to figure out the source of this distress. To good friends he confides that he wants a relationship and complains that he never seems to meet the right guy. In reality, several interested men stopped dating him when they found him to be unreliable. Steve, a guy Ed really liked, brought him to a party only to catch him flirting with someone else. Steve left Ed right there and then. Ed is now thirty-one, and it has been almost seven years since he was in a relationship that lasted more than a few months. And even though at times he still enjoys being the “bad boy,” it is getting harder to blame anyone other than himself for his increasingly unhappy feelings of loneliness, disappointment, and anxiety.

Despite the warning signs, it never occurred to Ed that his sex life might actually be the source of his problems. For Ed, it was easier to believe that there was just something fundamentally wrong with him as a person—to believe that he was somehow defective or unlovable. Sometimes, even though he knows many stable, happy gay men, both single and in relationships, he will blame his unhappiness on being gay and tells himself, *That’s just the way gay life is, a lot of tricking and a whole lot of being alone.*

Still, as an out gay man fully committed to open sexual choices and experiences, Ed gets annoyed if anyone suggests that he consider modifying his sexual behavior. His early confrontations with the homophobic attitudes of his conservative family and community where he grew up makes him bristle all the more at the idea of restricting his sexual freedoms. Mirroring this attitude, the urban gay male

culture surrounding him fully supports his sexual exploits as long as the sex is safe (and for some of his peers, even that doesn't seem too important). And since Ed doesn't discuss his sexual behavior, even with good friends, nobody challenges the wisdom of his late-night exploits, the danger inherent in his brushes with the law, or the potential health risks of his sexual activity. He just keeps it all to himself.

WHEN GOOD SEX MAKES YOU FEEL BAD

Though adamant in his liberal beliefs about gay sex, Ed did seriously consider changing some of his sexual conduct after certain activities left him feeling bad. Many times Ed said to himself, *This is the last time I am going to spend my weekend online looking for sex, or, I will never again have unsafe sex*, believing that his firm commitment to change would forever stamp out whatever sexual activity was troubling him at that moment. In truth, he has deleted Grindr and similar apps from his smart phone numerous times only to download them once again when feeling lonely or impulsive.

Sometimes his promises to change take root and his sexual behavior does change, but just for a short time. A new boyfriend, new job, or an expensive purchase can excite and distract him, temporarily diverting his attention from sex with strangers. At these times Ed would feel more hopeful, believing he had put his bad feelings and problem behaviors behind him. Then without warning, often without preplanning, he would *find himself* on the phone setting up an appointment for a "sensual massage" or blowing up Grindr after a late evening with friends. And then there he was, lost in the hunt all over again. After so many false starts and disappointments, Ed began to lose self-respect, feeling deep frustration at his own lack of self-will.

After years of addictive sexual behavior, aching loneliness, escalating depression, and the arduous stress of living a double life, Ed was tired, yet he couldn't quite figure out

exactly what was wrong or what to do. Though he had a good job and some supportive friends, and had even gone to therapy on and off, Ed just wasn't able to find a way to enjoy his life or be happy. And more recently, in quiet moments Ed thinks how much easier it might be to just not live anymore.

SEX ADDICTION IS NOT REALLY ABOUT SEX

Ed's story highlights many of the sad, confusing, and even dangerous experiences common to active sex addicts: a life constructed to maximize sexual opportunity, sharply compartmentalized modes of relating (friends, family, and coworkers in one mode and sexual behavior in another) along with serious consequences directly and indirectly related to problem sexual behavior patterns, inevitable losses including work problems; broken relationships; emotional/physical health, financial, and legal problems. This is the ugly face of sex addiction.

A universal experience described by sex addicts is a specific and intense set of emotions that arise whenever they actively think about or pursue a hot sexual or romantic connection. This biologically driven emotional state, maintained and supported by intense sexual fantasy, is one in which addicts literally lose the intellectual ability to make healthy choices. They describe feeling driven or propelled forward into the cycle of their sexual exploits, despite a distant intellectual awareness not to proceed. Much like the compulsive gambler lost in the spell of playing the game (win or lose), sex addicts, when in the throes of the chase of their sexual high, can spend long periods of time feeling spaced out and distracted. With this high also comes a reduced capacity to keep promises made to themselves or others. To use Twelve Step language, they feel *powerless* and unable to stop.

As in Ed's case, hours can vanish while the sex addict drifts from porn site to porn site, loses himself in Internet chat, sits up until all hours of the night waiting for the *right* person to appear on their sex app, or wanders back and forth in a locker room or public park after dark. No one else may even be available and the imaginary hot guy may never show up, but the sex addict persists, driven by a highly stimulating fantasy that any moment that next hot sex partner could come along. The sex addict's intense excitement may or may not take the form of actual erection or orgasm; regardless, it leaves him in a distracted state of physical and emotional euphoria. Heterosexual sex addicts who hang out in strip clubs, cruise the streets for prostitutes, or engage in cybersex activities describe the very same kind of dissociative or spaced-out experience.

When people are fully caught up in an addictive behavior like gambling or sex, they often make irrational decisions. The very process of becoming emotionally aroused by the idea of sex and romance decreases their capacity for clear decision making and healthy modes of relating. In those moments, they are only barely aware of the potential consequences of their actions or the similarities in the situation to past disappointments. Rather, they are singularly focused on becoming more absorbed in whatever exciting (and momentarily distracting) sexual fantasy lies in front of them. It's like they have tunnel vision.

Whenever the media presents stories of attractive, intelligent, wealthy, famous sports, entertainment, or political figures acting out sexually in ways that cost them marriages, careers, and reputations and bring them public humiliation, most of us shake our heads and ask, "What was he thinking? With his money and looks he could have had anybody he wanted. Why would he put himself in jeopardy for some passing sexual encounter?" The answer is actually quite simple. Our intellectual and emotional selves can run on different tracks. Just as the smartest, best-informed, and

most determined dieters will end up with their hands in the cookie jar if they get hungry enough, smart people act in really dumb ways whenever their unmet emotional needs become great enough to override their ability to make intellectual decisions. In this way, smart, attractive, creative, successful, but emotionally drained men can abuse sexual fantasy and experiences to distract themselves from the emptiness they feel inside. Their yearning for and involvement with sexual intensity leaves them repeating behaviors that others would not take to that level and many would avoid altogether.

In Ed's case, this yearning manifested itself in his spending more time in the search for sex than in the act of sex itself—looking, cruising, and searching for hours on end and ultimately even returning for sex to the very place where he had been arrested just weeks before. If we could examine Ed's physiological state during the hours spent cruising for sex, we would find both his body and mind in an altered chemical state. Quite literally, he would not be himself.

THE NEUROCHEMISTRY OF SEX ADDICTION

When people are under the influence of alcohol or drugs, their perceptions change and their moods shift; consequently, their attitudes and choices are altered. Some people, if high on cocaine or crystal meth, will have sex in ways they would never consider when sober; others may get drunk and abuse a beloved spouse. While some people occasionally use alcohol or drugs to become disinhibited and participate in activities they may be too shy or ashamed to engage in sober, others rely on substances for different reasons. They do it to capture that euphoric feeling that allows them to get through the situation each and every time. As they rely more and more on the substance,

however, they find themselves unable to function without it; their brains become chemically altered. This is often the precursor to addiction.

It's simply easier to understand addictions to substances like alcohol, heroin, or crystal meth than addictions to behaviors like sex or gambling. Drug and alcohol addictions involve putting a substance into your body by smoking, drinking, swallowing, inhaling, or injecting with a needle. If done often enough, the body becomes physically addicted to these substances. An excellent example is the addiction to cigarettes and nicotine. Once addicted to a substance, the body will crave continued or escalated use of it. If deprived of it, clear physical withdrawal symptoms become evident and measurable. But it is harder to understand someone becoming addicted to a behavior, to something they do. The reality is that just like drug addicts, some people can and do become addicted to the abuse of highly arousing, pleasurably intense, fantasy-based behavior patterns.

People healing from either substance or behavioral addictions learn that even casual thoughts (fantasy) about those activities can lead to feeling "triggered" or pulled toward re-engaging in the problem itself. In other words, the mere thought of using alcohol or drugs or acting out an intensity-based behavior evokes emotions that are both positive and pleasurable. These pleasurable feelings lead to wanting more. If indulged, they eventually will lead to the actual experiences (using, sexting, sex, overeating, gambling, and so on). When a sex addict starts to think about sexually acting out, *those very thoughts* induce desirable and pacifying chemical changes in the brain. Behavioral addicts are in this way addicted to the extremes of their own neurochemistry, which they themselves influence via fantasy and taking actions toward those fantasies. Like a boulder rolling down a hill, the closer any addict (behavioral or substance) gets to their desired object

or experience, the more they want to do it and the harder it is to stop.

The powerful cocktails of distraction that sex addicts abuse are actually made up of naturally occurring chemicals in the brain like adrenaline, serotonin, epinephrine, dopamine, and endorphins. This is the same neurochemistry that produces our differing moods and feelings. A natural dopamine release in the brain induces feelings of pleasure. When you smell a flower, your brain releases a small tad of dopamine and the scent leaves you with a feeling of mild pleasure. But snort a gram of cocaine, which forces a dopamine release, and your brain releases a flood of the stuff. And until the cocaine runs out, you will feel amazing. Adrenaline, another powerful neurobiological chemical, induces an anxiety—flight, fight, or panic state—everyone has felt when suddenly afraid or in danger. Now combine the release of both these neurochemicals. For example, by indulging in the idea of having sex with your neighbor (pleasure) and then having to hide it from your boyfriend (fear), your brain will leave you feeling both afraid and excited. Intellectually bright, emotionally vulnerable people—often those who experienced early childhood trauma, abuse, or neglect, attachment dysfunction, or who have social anxiety and other genetically loaded personality-based challenges—have a strong need to escape difficult emotional states. In early life they unconsciously learn to use intensely stimulating fantasies as a means of emotional control and escape. In short, they are able to alter their neurochemistry and thereby produce powerfully fast and strong mood changes simply by engaging in fantasy.

In truth, people who are addicted to sex, gambling, and spending experience the same changes in neurochemistry as their substance-abusing counterparts. By engaging in certain thoughts and behaviors, they unconsciously manipulate their own neurochemical mood stability system to achieve an exciting, distracting high without having to

use an external catalyst like alcohol, nicotine, or heroin—though some sex addicts may abuse those substances as well. For sex addicts, a psychological and emotional response to their addictive thinking and behavior mirrors a drug addict's relationship to his or her substance of choice. Over time their relationship with the addictive behavior will become a life priority. You can actually see physical changes in the body occur when an addict is aroused and engaged in fantasy and cruising, hunting and searching for that next "fix."

SEX ADDICTION IS NOT ABOUT ORGASM

For sex addicts, the focus of all the ritual cruising, contacting, and engaging is not necessarily orgasm—though the fantasy of orgasm partially drives their obsession. While spending hours walking the floors of a sex club or cruising the Internet, many sex addicts are unknowingly working to maintain an optimal level of emotional and neurochemical stimulation. Some will spend long periods just searching, without orgasm or even getting an erection. In fact, having an orgasm is not always a welcome or desired part of the process because once orgasm occurs, the game is over and a clearer (often unwelcome) mental perspective on the situation dawns. After orgasm, as excitement wanes and the brain returns to its stable baseline, the sex addict is all of a sudden reminded of the late hour, the possibility of disease, the money spent, another night of too little sleep, or promises once again broken. Regardless of what actually turns him on, the sex addict's ultimate goal is to maintain his state of emotional euphoria through fantasy and ritualized cruising for as long as possible. Many sex addicts feel their impulsive and compulsive actions are outside their control. Stan describes his experience this way:

Sometimes I swear I'm not even thinking of going cruising after work. It's like my car "drives itself." Before

leaving work, I might begin to get into some fantasy about who I might find or about the last guy I met out cruising, and before I know it, there I am, parking by the beach where I always go looking for sex. And it doesn't seem to matter if I have plans that afternoon; I just seem to "end up" there anyway.

Joe, another sex addict, describes the powerless feeling he gets when caught up in the intense emotional high of his acting out:

Sometimes when I go online just to check email or pay a bill I say to myself, I'll just go into a queer chat or look at some porn for, like maybe ten minutes—that's it. And before I know it like two or three hours have gone by and there I am, still sitting there, zoned out. I am never getting anything done that I really should be doing. And this doesn't just happen to me once in a while; if it did, I wouldn't be so concerned. Lately I find myself spending three or four hours several nights a week and the occasional entire weekend cruising and masturbating to porn. Some days I sit for so long in one place that my whole body gets cramped and still I haven't eaten or done any chores—I just sit there staring at that stupid screen. I feel like the Internet is taking my life away from me.

Just like the men who obsessively cruise gyms, sex clubs, and bathhouses, men who cruise the Internet on their computers or smart phones induce a temporary, trancelike hyperarousal state maintained with visual and emotional fantasy. And just like their more "extroverted" counterparts, many Internet sex addicts experience a letdown once they reach orgasm and their body returns to its normal baseline.

THE QUICK HIT

Though long periods of cruising and sexual intensity are typical of sex addiction, it is not always possible to spend hours doing that. Some sex addicts, having limited time or resources, will engage in quick, intense hits of sexual acting out, then return to whatever they had been doing previously. A few sexts on some friend-finder app or a quick stop at a local adult bookstore during a lunch break offers short bursts of relief from emotional tension through sexual fantasy and anonymous sex. In this way, many sex addicts incorporate sexual acting out into their daily routine. Other addicts may routinely stop to cruise at a freeway rest stop on their way home for a fast sexual jaunt. By carefully ritualizing their behavior, they're able to regularly act out and still be home in time for dinner with a partner. All active addicts are opportunists with predatory instincts and when active in their addiction, they will take advantage of almost any opportunity to get a hit of their substance or experience.

Ray shares his predatory behavior:

A few weeks ago I was in a restaurant with my lover and my sister having lunch when I noticed a cute busboy giving me one too many glances over the salad bar. I immediately started fantasizing about hooking up with him. As we ate I kept looking over my lover's shoulder to catch the busboy's eye. Once I had his attention, I stared intently at him whenever he passed by, waiting for my moment. I don't know if anyone else at the table noticed how distracted I was, but I must have been pretty checked out; I don't really remember much of what my lover and my sister were talking about.

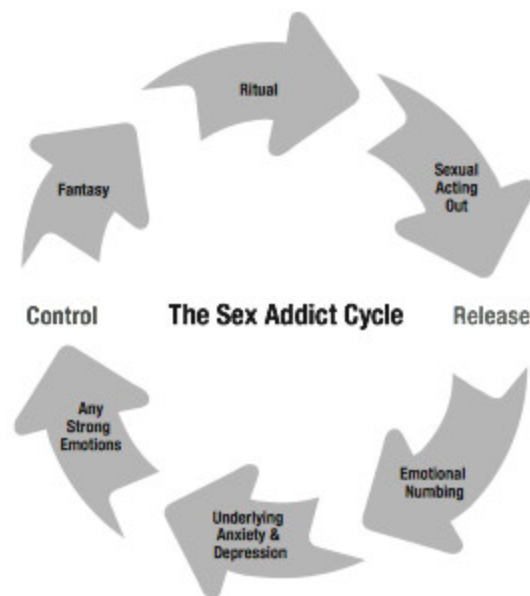
Looking back, I see that I was so focused on how I was going to get in that busboy's pants that I didn't even stop to consider that I'd begun to see my family—the ones I love most—as an obstacle to getting sex. As soon as I saw the busboy gesture toward the back of the

restaurant, I quickly left the table to join him in the men's room. Our whole sexual episode took no more than six to eight minutes from start to finish, but in that time I went through an entire range of emotions. When I got back to the table, I acted like nothing at all had happened.

THE CYCLE OF ADDICTION

Addiction specialists have found that all addicts exhibit predictable patterns of thought and behavior that lead them toward acting out. Whether drinking, using drugs, or engaging in addictive behaviors involving gambling, food, or sex, addicts move through identifiable stages. Understanding these stages allows them to begin to recover.

The following diagram provides a simple overview of the cycle of sexual addiction.² All patterns or cycles of addictive acting out begin with a desire to control strong feelings and culminate in some kind of emotional release.



Someone with an addiction develops his dependence (on sex, alcohol, or heroin, for example) in an effort to manage and contain difficult emotions that he does not have a more effective way to handle. All addicts have a difficult time

managing strong feelings and life stressors. When upset by any difficult situation (work, loneliness, relationship issues, money) he will turn to using an external substance (alcohol, drugs) or engaging in an addictive behavior (sex, gambling, spending) to distract him from what feels like an uncontrollable internal experience (strong emotions). Simply put, addicts use sex, food, gambling, alcohol, drugs, spending, and other stimulating or numbing combinations of these substances or behaviors in an attempt to feel better and gain control over their feelings.

Non-addicts are often more keenly aware of their emotions and stressors and have better ways of managing them than do addicts. Healthy people exercise, reach out to friends, relax with a book, meditate, and find nurturing ways to self-soothe and de-stress. By contrast, addicts are often not in touch with what they are feeling and therefore tend to be more emotionally reactive. When they're stressed or upset, addicts will impulsively turn to addictive substances and behaviors to distract themselves from what feels like unmanageable, difficult feelings. This pattern of abusing substances or behaviors or combining both to manage difficult feelings and events—rather than cultivating healthy habits of self-care and reaching out for the support of caring others—is what addiction is all about.

Sex addicts use the intense familiar feelings provoked by sexual fantasy and sexual behavior to feel in control of deep emotions, as sex can make you feel powerful (when vulnerable) and desirable (when needful). This pattern is the addict's default mode when he is stressed out, angry, or even when good/positive emotions and experiences leave him wanting a reward.

Here is a closer look at the cycle of sex addiction:

Any strong emotions: Feelings triggered by a bad day or a good day, seeing or talking to certain family and friends, having financial stress, or relationship problems

can easily leave the addict with uncomfortable, even intolerable emotions. He is left feeling more than he is able to manage but also believing he can handle it without having to ask for help or rest. This will quickly lead to his emotional limit, which is often where the unconscious and unexamined addictive pattern begins—as a means of gaining control over emotional discomfort.

Fantasy: In response to his stressful feelings and not having healthier ways to manage them, the addict begins to abuse sexual fantasy. He may think about past sexual encounters (euphoric recall) or imagine those that lie ahead (anticipatory euphoria). As a result, he plans a sexual experience and begins to feel emotionally excited rather than stressed, bored, or angry. As he fantasizes, he becomes emotionally aroused by the idea of having sex. This arousal decreases his awareness of the emotional stresses that triggered the fantasy in the first place, as he turns his full attention to planning the next sexual experience.

Ritual: Moved to action by his sexual fantasies, the addict begins to prepare for his sexual acting out. He may change into more erotic clothing, turn on his sex-finder app, call people he uses for sex, listen to a certain type of music, grab some cash, and drive around his favorite cruising neighborhoods or bars. He may start searching online or pick up newspapers that feature ads for sensual massage and hustlers. Some addicts add to their emotional distraction by using drugs or alcohol, thereby reducing the discomfort of any distressing thoughts. Engaging in these pre-sex rituals intensify his powerful emotional and neurochemical high and drive the addictive cycle forward.

Acting out: If uninterrupted, the addict can spend moments, hours, or even days turning these fantasies and rituals into a full-blown expression of his sexual behavior. This can include compulsive masturbation with porn, hiring prostitutes, paying for sexual massage, cheating on a spouse, hooking up through smart-phone apps or online sites, anonymous or public sex, unsafe or multiple-partner sex, exhibitionism, voyeurism, and other behaviors.

Release: Following his intense period of sexual acting out, the sex addict experiences a sense of satisfaction through the release of the tension that had been building in his body and psyche. He may also feel emotionally numb, shameful, or anxious about the consequences of his actions. Some may have a desire to immediately start the whole process over again. He may say to himself, *This time it wasn't so bad*, or, *I'll never do that again* in an effort to reduce feelings of shame, anxiety, or fear evoked by his sexual acting out. Each sex addict has his own particular response to the cycle and his own unique ways of gearing up for the next time.

Anxiety/depression: Sex addicts harbor underlying negative feelings about themselves. When they're not in a trance that accompanies their sexually addictive cycle, they may look back with regret, fear, or anxiety about what they have been doing sexually and otherwise. Some people suffer direct, unwanted consequences as a result of their sexual behavior, which makes them feel even worse.

Sex addicts act out in part to compensate for limited emotional coping skills, and as their sexual behavior and its consequences make them feel worse over time, the frequency and intensity of their behaviors may also begin to

escalate. They can lose faith in themselves and turn more frequently to sex to try to feel better. For some, the depression, shame, and anxiety generated by their sexual acting out can return them to the very need for emotional control that began the addictive cycle. Lacking a way out of the cycle, the sex addict repeats the very behaviors that produced his unhappiness and shame. This pattern can continue indefinitely or until some crisis causes the addict to seek help.

BELIEF SYSTEMS AND IMPAIRED THINKING

All addicts—including sex addicts—develop distorted patterns of thinking and habits of denial that allow their dysfunctional behavior to continue unchecked. For sex addicts, distorted thinking can simply mean finding the right rationalizations to keep looking for sex, even in the face of past negative consequences.

Some rationalizations sex addicts use to justify acting out:

- *What's a guy to do? I am just horny.*
- *Being around that cute guy all day made me want sex. Now I'm going to find someone I can get off with.*
- *Having sex is like getting a massage; I feel more relaxed.*
- *Sex is my reward after a difficult day.*
- *Lots of relationships get started through sex; maybe I'll find someone this way eventually.*
- *All my friends are getting laid; it's my turn to get some.*
- *When a guy doesn't cruise me, it just gives me reason to try harder to get him or someone else to have sex with me.*
- *I live alone—what else is there for me to do with my time?*

Other attitudes used to sustain addictive sexual acting out are the by-products of broader cultural belief systems. Sex

addicts will grab onto these to help justify their repeated patterns of sexual acting out. They may think:

- *Being gay means having sex whenever, wherever, and with whomever I want.*
- *Why shouldn't I do this? Just look at how cold (unattractive, nagging, etc.) my partner is.*
- *Straight people are just naive and conservative about sex. They would have sex all the time like us if they could.*
- *This culture sees me as "less than" for being gay. And being gay means having sex with men, so I am going to screw as many men as I can find.*
- *Who wouldn't have sex as often as possible if they were hot?*
- *I am more sexual because Hispanic/Jewish/African American men (pick any ethnicity) are inherently more sexual.*
- *Being gay means not having to ask a woman out or buy her dinner just to get laid; having a lot of sex is a gay perk.*

WHY ACT OUT?

In the mid-2000s, a New York City study was conducted with over 180 gay and bisexual men who described themselves as being "sexually out of control." These men sought sex with other men mostly on the Internet but also in bathhouses, sex clubs, and public cruising areas. The men in the study reported having anywhere from two to over four hundred sexual encounters during the ninety-day period prior to their interview. During the interview, the men offered many reasons for their "out-of-control" sexual behaviors. Their answers provide vivid insight into the belief systems, rationale, and frequent heartache of gay male sex addicts. Researchers asked the men to respond to the self-reflective question, *Why am I sexually out of control?*

Internal Triggers for Sexual Acting Out

- **Low self-esteem:** *I don't think much about myself and being with men sort of boosts my self-esteem.*
- **Depression:** *I get very depressed ... and it gets to be too much and I act out.*
- **Validation/affection:** *I'm not getting the appreciation I need in my life, so I use sex. It's like a substitute for love—the easiest alternative to love is sex.*
- **Stress/escape:** *It's a great way of dealing with stress. Some people go out and have a drink ... sex is a great relief for me.*
- **Biological/genetic:** *Too many hormones. High sex drive. Horny all the time. The men in my family are all like this.*
- **Relationship:** *I'm not in a relationship, and I like to have sex.*
- **Childhood sexual abuse:** *I keep doing the same thing that was done to me.*
- **Availability:** *I could find somebody every hour if I wanted to here in New York City.*
- **Childhood issues:** *My relationship with my father was nonexistent. Cruising is my way of searching for the love he didn't give me.*

External Triggers for Sexually Acting Out

- **The end of a relationship:** Dealing with it.
- **Catastrophes:** September 11, 2001; war.
- **Traumatic life events:** The death of a friend or loved one or loss of a job.
- **Seeing attractive men:** Not being able to deal with the impulse to have sex.
- **Drug and/or alcohol use:** Being under the influence triggers impulses to sexually act out.

- **Pornography:** Seeing porn triggers a desire to experience what was viewed.

GAY VERSUS STRAIGHT

Some common gay male cultural beliefs about sex make recognizing sex addiction more difficult in gay men than in straight men. Partly in response to the ongoing repression and abuse of gay men, western gay urban culture encourages a wide range of sexual freedoms. While this is a positive response to living in a shame-based, homophobic culture, a counterculture of unfettered sexual expression can also serve to enable denial in men who are locked into destructive addictive sexual patterns.

Gay male sex addicts are not compulsively sexual because of their sexual orientation but rather as a consequence of their individual psychological issues and biological predisposition toward addiction. This is exactly the same set of risk factors presented by straight male sex addicts. Unfortunately, for the gay (sex) addict, his increasingly destructive patterns of behavior take place against a cultural background of dramatically greater sexual and social freedoms than those enjoyed by his heterosexual peers. The single urban gay man who has problems with sex, alcohol, or drugs is in some ways a prisoner of his own freedoms, having fewer cultural opportunities for self-examination and less cultural support for behavior change than heterosexual man.

SEX ADDICTION OR SEXUAL FREEDOM?

Not everyone who engages in public/anonymous sex, has affairs, hooks up through a smart-phone app, sees prostitutes, has multiple partners, or is involved in the BDSM or fetish scene is a sex addict. Not everyone who has unsafe sex or keeps sexual secrets is a sex addict; indeed most people who fit these descriptions are likely not. The type of sexual activity you prefer, your choice of sexual partner(s),

or where you go to have sex does not determine sex addiction. *Sex addicts are people whose lives worsen in direct proportion to self-destructive patterns of sexual behaviors over which they appear to have little control.*

Approximately 10 percent of gay men are sex addicts compared to 3-5 percent of the general population. This figure may seem low relative to some communities because gay sex addicts often surround themselves with men who are also acting out sexually. To most gay sex addicts, it looks like everyone out there is a guest at the never-ending party, having a lot of hot sex. Even those who isolate themselves or who rigidly compartmentalize their personal and sex lives still see a densely populated sex culture when they venture out to service their addiction.

Being a sex addict means that at some point you lose the ability to choose whether or not to be sexual. In other words, you are unable to say “no” to your impulses and cravings. Repetitive and compulsive patterns of sexual acting out begins to define who you are.

One way to understand sex addiction is to compare it to alcoholism. Many people drink alcohol—some frequently, some to excess—but their drinking in and of itself doesn’t make them an alcoholic and their alcohol use does not present a problem in their lives because they can stop whenever they wish. They have a choice. Alcoholics actually compose only a small percentage of those people who drink alcohol. Alcoholics ignore or deny the consequences (arrest, job loss, health problems, and so on) of their drinking and often hide the extent of their drinking activities from friends and family. What makes them alcoholics is that despite the obvious problems their drinking causes them, they aren’t able or willing to stop drinking.

Similarly, the sex addict either doesn’t see or denies the problems that his sexual activity is continuously producing in his life. He rationalizes his behavior to keep in denial. He is also either unable or unwilling to change his sexual

behavior despite its negative consequences. While people who aren't sex addicts can choose when and where to be sexual, active sex addicts lose the ability to choose. Instead, they simply act.

CONSEQUENCES OF SEX ADDICTION

Chronic sex addiction brings unwelcomed consequences for sex addicts and those close to them. While these consequences vary from person to person, there are some common themes:

Isolation: Frequent and persistent sexual acting out leaves less time for socializing and being in other relationships. Sex addicts frequently isolate, spending long periods of time in sexual situations apart from friendships, dating, community activities, and family. They leave social situations early or arrive late or avoid them altogether, being more keenly focused on sexual opportunities.

Broken trust, wounded relationships: Sex addicts often lie, break promises, cheat, give partners diseases, and expect spouses to put up with unacceptable attitudes and behaviors, thereby causing hurt, pain, and chaos. They frequently lose the people they most wish to keep in their lives or live in relationships stunted by lies, mistrust, and duplicity.

Lost creative or play time: Sex addicts don't usually have enough time or sufficient focus to fully engage their creativity. They often become detached from hobbies, art, sports, or other forms of creative self-expression in the pursuit of sex.

Increased guilt and shame: In the truest part of themselves, most sex addicts don't feel good about their hidden sexual lives. Many of them desperately want to stop or change the nature of their sexual

behavior, but they find they are unable to do so. They repeatedly break promises. This hidden shame can manifest in chronic feelings of low self-esteem, worthlessness, or failure.

Physical health concerns: Active sex addicts are at consistent risk for sexually transmitted disease. They can be distracted and numb to the extent of their behaviors when in the “trance” or “bubble” state. They also risk physical damage from rough or violent sex. Desperate for a sexual high, sex addicts can risk being mugged, beaten up, or gay bashed. Sex addicts are often exhausted from living a double life of too little sleep and poor self-care.

Legal problems: Sex in public restrooms and parks leads to lewd-conduct arrests. Sex with prostitutes and the use of adolescent porn, sex with minors, exhibitionism, and voyeurism can lead to serious legal consequences.

Mental health concerns: Sex addicts live with the fear that others will discover their hidden sexual lives. Having little time to devote to intimate friendships and relationships or creative activity leaves important emotional needs unmet. Both the fear of exposure and the actual consequences of getting caught can produce chronic periods of depression and anxiety, low self-esteem, loneliness, and other addictions. The constant need for sexual attention can make the inevitable facts of aging and other life transitions all the more difficult for sex addicts to accept.

Multiple addictions: Drug and alcohol abuse can lead to sexually addictive behavior and vice versa. Venues and situations focused on finding sex can place highly addictive substances in easy reach of people already predisposed to problem behaviors. (See chapter 5).

Educational or job problems: The time and energy addicts devote to acting out sexually often affects job focus and performance. Sex addicts can be tired, late to work, unfocused, or miss work when pursuing sex (either online or at nearby cruising spots, sometimes with coworkers).

Lack of primary relationships: Sex addiction is an intimacy disorder. While many sex addicts long for a lover or spouse, they may have never had one because of their sexual compulsivity and their underlying low self-esteem and shame. Sex addicts' relationships often lack intimacy, good communication, and healthy sexuality. Those active sex addicts with relationships often find their relationship as a couple increasingly void of intimacy and superficial.

IDENTIFYING SEX ADDICTION

One of the best ways to identify whether sex addiction is a problem for you is to take a full, honest look at your sexual history. By doing so, you may discover sexual behaviors that produced negative consequences in the past that you continue to do. There are important differences between the mistakes of early casual sexual experimentation or the occasional problem relationship and an ongoing pattern of sex addiction. Coming out can produce feelings of shame and confusion around sex that later become more manageable. The sexual experimentation and shame that gay men sometimes feel during the early stages of forming their identity is different from the shame that sex addicts feel following their repetitive, problematic sexual activities.

There are easily recognizable signs that you have a problem with sex addiction. Answering the following questions honestly may help you begin to explore whether or not you are struggling with sex addiction.

- *Do you regret the amount of time you spend on the Internet in online sexual chats, viewing porn, webcam sex, or chatting with prostitutes?*
- *Do you feel preoccupied or distracted by your sexual thoughts or activity?*
- *Has your involvement with porn, online or smart-phone hookups, sex and dating websites, and cruising social networks for sex become greater than your intimate contacts with romantic partners?*
- *Do you look forward to events with friends or family being over so that you can go out to have sex?*
- *Do your sexual encounters place you in danger of getting arrested?*
- *Have you made repeated promises to change some form of your sexual activity only to break them later?*

If you answered “yes” to any of these questions, you may have a problem with sex addiction. For a more comprehensive assessment, now take the Gay Male Sexual Screening Addiction Test (G-SAST-R) in the Activity Appendix. Answering the survey questions in the G-SAST-R with complete and rigorous honesty is a valuable place to start. At this point, you may have more questions than answers. Some questions might include:

- *I spend a lot of time looking for sex; am I a sex addict?*
- *Can't I just take some medication to cure my sex addiction?*
- *What's the difference between just being horny and really having a sex problem?*
- *If someone else doesn't like my sexual behavior, does that make me a sex addict?*
- *My friends are just jealous of how much sex I'm getting. How do I know if I really have a problem?*

Chapter 2 will help answer some of these questions by looking at the seven myths of sex addiction.

CHAPTER TWO

The Seven Myths of Sex Addiction

Sex addiction is an easy problem to misunderstand and misdiagnose. Perhaps the best way to begin to understand it is to take a look at seven of the biggest myths that surround it and then debunk them one by one.

SEVEN MYTHS ABOUT SEX ADDICTION

Myth 1: All gay men are sex addicts. If I weren't gay, I wouldn't have this problem.

Sex addiction is not just a problem among gay men. It is as widespread and problematic among straight men as gays. Heterosexual sex addicts seek sex in different places than homosexuals and sometimes take different actions to find it. Their paths and locations may vary, but the issues are the same. Gay men go to sex clubs while straight men go to strip clubs. Gay men use Grindr while straight men use Ashley Madison or Blindr. Gay men go to bathhouses while straight men get "sensual massages." Both hire prostitutes, go to adult bookstores, and obsess over porn.

And there is plenty of addictive sexual acting out among bisexuals, male-identified transsexuals, and women. Sex addicts who are straight men act out many of the same behavioral patterns with the same degree of frequency, secrecy, and shame as their gay counterparts. Both break promises made to loved ones and often live double, secret lives. In sex addiction Twelve Step meetings and treatment groups, gay and straight men most often recover side by side. In truth, gay and straight sex addicts seeking to heal have far more in common than they may realize.

Myth 2: People with religious values who truly believe in God don't sexually act out.

No one becomes a sex addict because they lack sufficient religious belief or practice. And sex addiction is not healed solely through prayer or increased religious involvement. You aren't a sex addict because your sexual behavior differs from what scripture encourages or because it doesn't follow the decrees of any religion that suggests that one form of sexual behavior reflects "God's will" any more than another. In fact, many sex addicts, both gay and straight, have strong intact spiritual and religious beliefs, which they sadly betray every time they sexually act out.

Likewise, you don't heal from sex addiction by going through a religious conversion. Sexual addiction recovery doesn't come about solely through changing your belief system, religious dedication, prayer, or study any more than recovery from drug addiction can be accomplished solely by those means. Recovery from sex addiction involves taking a hard look at your adult life and sexual history and using that insight to renegotiate and commit to sexual behavior that mirrors your beliefs and lifestyle. Healing involves getting active help from both treatment professionals and from other people who are in a similar process of change and healing.

Myth 3: People with moral character don't have these kinds of problems.

You are not a sex addict because your sexual interests differ from that of the larger population. You are not a sex addict because you choose to have multiple partners or don't want monogamy. You are not a sex addict because you are gay. You are not a sex addict because you may like BDSM or golden showers. However, if your sexual behavior often takes you outside *your own system* of values and beliefs, leaves you feeling bad about yourself or experiencing ongoing negative life consequences, these are signs of

sexual addiction. It's important to understand that sex addicts don't betray partners and loved ones, have unsafe sex, or violate personal belief systems because they are immoral or bad people. Sex addicts feel compelled to sexually act out in ways *often contrary to their character* due to the compulsive and impulsive nature of addiction, which is in turn driven by underlying, unresolved pain, loss, and loneliness.

Myth 4: Sex addicts are really just sex offenders.

Sex offender is a legal term used to describe someone who forces someone else to be sexual without that person's knowledge (for example, they are too drunk to agree) or consent (for example, they are not old enough to consent). Rape, viewing child/teen porn, and child molestation are serious sexual offenses and therefore are treated as felonies. Exhibitionism, voyeurism, and frotteurism (touching someone's genitals without permission) are also considered actionable offenses, though in U.S. courts they carry a lesser misdemeanor charge. It is well recognized that some sexual offenders also struggle with compulsive and addictive sexual behavior patterns and as such they are both offenders and addicts. However, even though some sex addicts—both gay and straight—are sex offenders, most people who are addicted to sex do not commit sexual offenses. That said, sex addicts do have far more frequent consensual sexual experiences than most nonaddicts, and their sexual activity often involves far more risk taking.

To Those Who Sexually Offend

While most sex addicts don't commit sex offenses, it does happen. Voyeurism, exhibitionism, or predatory behaviors with vulnerable minors or adults and/or viewing child or teen porn doesn't make you a bad person. The first step is to acknowledge the serious nature of these behaviors and reach out for professional

help. Many of the supportive suggestions offered here, Twelve Step meetings, and appropriate therapies are useful to both sex addicts and offenders. While it may feel shameful admitting to a sexual offense, it is the courageous man who stands up to this problem and says, *"No more hurting others. No more hating myself."* See offender treatment resources in Support Resources.

Myth 5: If I stop fantasizing about and having sex with men, I will become more *heterosexually oriented*.

The folly of this myth may seem obvious to gay men already at ease with their sexual orientation. Yet, some troubled bisexual and closeted homosexual men seek "sex addiction treatment" and Twelve Step "S" programs to eliminate their same-sex attraction. This is more common for gay men who grew up in highly conservative, religious, or homophobic environments, as well as those homosexual or bisexual men already in intimate or marital relationships with women. What drives these men to seek out sex addiction "treatment" is internalized homophobia and/or the fear of leaving behind a beloved female spouse and family.

Some men languish in tortured marriages or in a series of unfulfilling heterosexual relationships, while having anonymous sex or discreet affairs with men. They hate themselves for desiring, fantasizing about, and/or having sex with men. Internalized homophobia has nothing to do with sex addiction, good therapy, or Twelve Step recovery. Sex addiction treatment is not intended to change sexual orientation.

A Message to Bisexual or Homosexual Men in (or Wishing to Have) Heterosexual Relationships

If you are having sex with men and keeping this secret from a female partner, it will only end in emptiness, deep pain, tragedy, illness, or heartbreak. There are endless negative ramifications for your spouse and children (if any) should you be publicly exposed for being sexual with men or if you give your partner a sexually transmitted disease. For you, the primary issue is not your attraction to men, even though this may feel like the problem. Your biggest concern is the kind of clandestine sexual acting out that compels you to lie to loved ones, putting them and yourself at risk.

You have two choices. You may “come out” (to yourself or others) as an openly gay or bisexual man. Another option is to seek healthier ways to find/remain in a heterosexual partnership without self-hatred. There are supportive, nonjudgmental therapies that can lead to a far healthier life than one of secrecy and the ongoing constant risk of public or private humiliation. However, by not finding a way to understand and accept your sexual attraction to men or by trying to become straight, you set up yourself and others for future pain and heartache. Having unwanted sexual desire for men does not make you a sex addict.

Myth 6: Sex addiction is a symptom of untreated mental illness.

Quite often men and women with excessive sexual behavior problems have been misdiagnosed by well-meaning mental health professionals. Some even wrongly prescribe medications to manage psychiatric disorders that include symptoms of hypersexual behavior but are not actually sexual addiction. Misdiagnosis isn't unreasonable; several major mental disorders do present hypersexuality as a warning sign. One such example is bipolar disorder (formerly known as manic depression). People who are bipolar, when manic, can be extremely seductive as well as

frequently and intensely sexual when not stable on medication. Frequent, *impulsive* sexual activity can also be a symptom of attention deficit disorder (ADD), and *compulsive* masturbation can be a symptom of obsessive compulsive disorder (OCD). Well-meaning misdiagnosis is not a new problem in the history of addiction treatment. For many decades, alcoholics, drug addicts, and people with behavioral addictions were misdiagnosed and prescribed medication in an attempt to eliminate an addiction. Today, it is also not unusual for some speed and stimulant abusers (meth abusers, for example) to use drugs hand in hand with intense periods of sexual activity. However, once their drug abuse stops, many crystal meth addicts have little interest in continuing the intense sexual hunt that was such an important part of their drug ritual and as such are not sex addicts. And while some sex addicts do also suffer from more than one mental health concern, it is also possible to simply be a sex addict. This is why it is so important to have a proper assessment and diagnosis by mental health professionals who are well trained in the treatment of sex addiction.

Myth 7: Being involved in BDSM, the leather scene, cross-dressing, or a fetish lifestyle makes you a sex addict.

The possible forms of sexual and romantic expression are as diverse as we are human beings. Well-trained sex therapists and professionals understand that it is better to reduce shame and to encourage men with these interests to safely enjoy what brings them pleasure than to apply negative labels. Although the BDSM scene does attract sex and drug addicts, because you enjoy an “alternative sexual lifestyle” does not make you a sex addict.

In the next chapter, we'll take a more in-depth look at the ten signs and symptoms of sex addiction. If you can relate to these ten signs, sex addiction is most likely a problem for

you. The good news is that no matter what your situation, help is available.

CHAPTER THREE

Taking a Closer Look at Sex Addiction

What makes a sex addict's behavior different from someone who just likes a lot of sex? In his book *Don't Call It Love*, Dr. Patrick Carnes, a pioneer in the field of sex addiction, listed ten key signs of sex addiction.³ By exploring these, we can begin to develop a deeper understanding of the problem itself.

Ten Signs of Sex Addiction

1. A pattern of out-of-control sexual behavior
2. Severe consequences due to sexual behavior
3. Cannot stop sexual behavior despite adverse consequences
4. Persistent pursuit of self-destructive or high-risk sexual behavior
5. Addictive sexual behavior sacrifices or reduces important social, recreational, or occupational activities
6. Ongoing desire or attempts to limit sexual behavior
7. Sexual obsession and fantasy become primary emotional coping strategies
8. Time spent in sexual activity or intensity of sexual experiences increases because the current level is insufficient
9. Severe mood changes around sexual activity
10. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experiences

1. A Pattern of Out-of-Control Sexual Behavior

Patterns of sexual behavior for sex addicts are characterized by a lack of control. While a nonaddict can quickly see how

his behavior has caused problems or has the potential to do so, the sex addict continues despite the risks. He has likely experienced trouble as a consequence of his sexual behavior patterns. He most likely downplayed these troubles, even if they brought him or others physical or emotional harm.

Sex addicts are unwilling and often unable to place boundaries around their sexual behavior, even when those limits would keep them and/or others safe from possible loss or harm. How much sex they have, the physical intensity of the sex act, and the time they spend having sex or in the search for sex often exceed what they intended, though they will often vigorously defend their choices. Unlike healthy people who self-correct if they realize they have chosen a sexually inappropriate or sexually excessive behavior, sex addicts will often repeat that same behavior even when it has resulted in problems in the past.

2. Severe Consequences Due to Sexual Behavior

Consequences of sex addiction run the gamut from emotional, relational, career, financial, physical, and legal. We will focus on the emotional consequences.

A sex addict can experience *humiliation* when he wakes up on yet another Sunday morning to find himself on the smelly mattress of an unknown tweaker; despair when once again he realizes he has spent so much money on prostitutes that he can't pay the rent; acute fear when he is on the way to the hospital, after having gone too far in a submission-domination scene played out while high on crystal. He fears getting yet another sexually transmitted disease, while at the same time moving on to the next sexual escapade. He comes to *hate himself* for having repeatedly lied or omitted information about his health or HIV status to get the sex he wants. Important relationships are lost as a consequence of lying, sexual secrecy, betrayal, and broken promises. *Depression, isolation, and low self-*

esteem develop from the countless hours spent in front of a computer screen masturbating, hanging out in adult bookstores, and waiting for the right guy to find him on Grindr.

Anyone can experience negative consequences that relate to sex. Bad things sometimes just happen. But sex addicts are repeated risk takers. The law of probability dictates that the more frequently they take risks, the more likely it is that they will reap severe consequences as a result. And every sex addict has consequences.

A Warning about Public Sex

If you have sex in public places on a regular basis, you will eventually get arrested. Restrooms in parks, at the beach, on university campuses, and in malls are built and maintained to provide an essential service for children and adults, both gay and straight. A father and toddler visiting a public park may have only one option available when that child needs to use the bathroom. The dad probably doesn't want to run into two guys getting it on while trying to help his little kid pee. While public sex has been an indelible part of the mystique, history, and erotic literature of gay and bisexual life, the public sex environment is absolutely no place for anyone who has something to lose if they ended up with a police record. Many gifted teachers, lawyers, physicians, and other licensed professionals have lost their right to practice hard-won skills or ended up spending thousands of dollars in court fighting humiliating convictions for a momentary sexual thrill.

3. Cannot Stop Sexual Behavior despite Adverse Consequences

A single negative consequence stemming from a given sexual behavior like hooking up with someone you don't find

that attractive is easy enough to dismiss as a random occurrence. But when that consequence is one of many related to your sexual behavior and when it fails to bring about *behavior change*, it likely indicates that you are a sex addict.

Consider Denny's story. Denny knew he had a lot to lose, but in his mind his behaviors didn't seem that different from how they had always been. Successful and bright, he had always managed to pull things together and had that gift of being the right guy in the right place.

Growing up with an angry alcoholic father and adept at hiding his sexual orientation, Denny learned early how to look good on the outside. From adolescence onward he used a secret world of compulsive masturbation and sex with older men to both soothe himself and bolster his fragile self-esteem. A smart kid with a strong desire for approval, Denny found a ticket out of his painful, empty childhood via an obsession with scholastic achievement. This combination got Denny a free ride into college.

A high achiever by any standard, Denny was just thirty-seven when he was invited to be the youngest partner at his law firm. Nearly eight years into a committed relationship, he and his partner, Ben, were discussing having a child. From the outside, it looked like Denny had it all. Overachieving and driven at work, Denny could be arrogant and dismissive of others, but his supervisors were readily forgiving. The number of cases he could carry, the extra business he brought to the firm, combined with a natural, competitive legal talent, made it easy for others to overlook his faults.

Whenever a case was pending trial, Denny put in fourteen- to sixteen-hour days, sometimes for weeks at a time, and expected the same level of commitment

from those around him. He had little time left for intimacy, recreation, or friendships. Often busy, overwhelmed, and feeling entitled, he left the work of maintaining an active social and home life to Ben.

Outside his relationship and unknown to Ben, Denny also continued to live the same compartmentalized sex life he had begun as a teenager. Disregarding risk, Denny frequently hooked up in adult bookstores and cruised suburban train station restrooms on the way home from his long workday. In these underground stations, exhausted from an arduous day, he would sit and wait at the toilets and urinals until someone came along looking for anonymous sex. More than once, Denny arrived just in time to witness the police handcuffing men in obvious stings set up to arrest men who were seeking sex. In those moments he would thank God that he wasn't there just a few minutes earlier and he'd swear he'd never cruise like that again. However, it was only a matter of time before Denny would eventually find himself cruising those same toilets over and over again.

More than once, an irritated spot on his penis or thigh sent Denny racing to the bathroom with a magnifying glass, or to the doctor, fearful that he had contracted some venereal disease. Despite his fear of arrest, disease, and the potential consequences to his career and home life, Denny didn't try to stop his addictive sexual cruising and acting out. And throughout, Denny blamed his desire for secret sexual liaisons on his "busy schedule" and on "all the free time sacrificed to work."

An inevitable lewd-conduct arrest scared Denny, but thanks to his extensive legal experience, he was able to get his sentence reduced to trespassing and only had to pay a small fine. Feeling as though he had "gotten away

with it” while promising God he would “never do this again,” Denny told no one about it. Instead, Denny chose to move his sexual activity from public restrooms to local adult bookstores and M4M massage. But a true desire for change didn’t happen until Denny found himself on his knees in front of a male couple he met on Craigslist, while just a few blocks away a surrogate delivered his first child, Ben sitting alone at her side. On that day Denny finally realized he needed help—that on his own he could not stop this lonely, desperate pattern of sexual acting out.

Denny’s experience highlights the fact that the prospect or even the actual experience of adverse consequences often does not stop a sex addict from acting out, though a traumatic event may temporarily change the rhythm or location of his sexual rituals. Often negative consequences will send a sex addict into a *flight to health*. This is a term used for people who have not dealt with their underlying emotional problems but who, in response to some kind of crisis or setback, decide to “take matters into their own hands.” Usually, they make a lot of quick behavioral changes that they hope will somehow “fix the problem.”

Unfortunately, no matter how painful the consequences that led the sex addict to swear off past behaviors, his fantasy and desire to act out will ultimately be stronger than any potential threat of emotional, financial, or physical harm. Eventually, without outside intervention, he will return to old patterns, often hating himself all the more for not being able to stop.

4. Persistent Pursuit of Self-Destructive or High-Risk Sexual Behavior

Since sex addiction is about using the fantasies and rituals of sexual activity to self-induce a neurochemical high, the more intense and exciting the behavior, the higher the high. Sexual behavior that involves risk or danger escalates the

release of dopamine, adrenaline, and the neurochemistry that makes an intense experience that much more exciting. Sex addicts introduce higher levels of risk into established patterns of sexual acting out through:

- **Illegal or offending sexual activity:** hiring prostitutes; public sex, exhibitionism, voyeurism, or frotteurism; viewing or downloading child/teen porn or seeking sex with minors
- **Unprotected sex:** sex that increases the chances of receiving or transmitting HIV or other STDs
- **Risking discovery:** having sex with a friend's lover, sex outside a committed relationship, sex in public places, or sex where others may intrude
- **Unethical sexual acting out:** having sex with employees and coworkers, doctors or physical therapists being sexual with their patients, or lawyers having sex with a current client
- **Life-threatening or dangerous sex:** having sex with threatening people, in dangerous or risky situations, or in ways that could cause physical harm
- **Anonymous sex partners:** Bringing home anonymous sexual partners you just met online or entering stranger's hotel/motel rooms or homes late at night
- **Dangerous cruising:** cruising dangerous urban areas or places where gays are mistreated

A Warning about Teen and Child Porn

Using sexualized images of children and teens or attempting to hook up with them for sex comes with life-changing consequences. While some may feel safe engaging with minors at home on a computer or smart phone, the reality is the FBI aggressively monitors sex-related child images and those who view them.

If you are aroused by pedophilic images and are active in the search or exchange of those images online, you place children at risk. You also risk jail time and landing on the national sex offender watch list. Many successful, comfortable lives, careers, and relationships have been ruined. Seek professional help.

5. Addictive Sexual Behavior Sacrifices or Reduces Important Social, Recreational, or Occupational Activities

The sex addict who spends four to five hours a day cruising for porn has little time left for social activity. Cruising online, along the street, or in steam rooms; having affairs behind your partner's back; spending hours trying to hook up through Grindr or compulsively masturbating to porn—these things can take up a lot of time. Gradually, friendships, recreation, creativity, and personal interests become marginalized as the sex addict becomes more invested in the search for sex than in having a healthy life. Alan put it this way:

The people whom I eventually became closest to were the people in my addictive world. I mean, they could have probably set the clock at the adult bookstore by when I came in after work. One time they even left out a coffee mug for me. In between tricks or cruising, I would hang out with the staff while waiting to go at it again. These guys became my “friends,” just like a druggie who hangs out with his dealer and other druggies. I became one of those guys who had a nodding acquaintance with men whose names I never really knew, but with whom I had already had sex with at the bookstore, bathhouse, and gym locker room.

Another gay sex addict had this to say:

No event was too important for me to miss, be late for, or leave early from if I had the chance to get laid. Often

I would sit on my hands through family dinners or work events, impatiently waiting to leave so I could go to a bar and meet someone. Eventually, friends stopped calling. The people who stayed in my life pretty much knew me as unreliable, as my sex life took precedence over everything else. At work I was famous for my "late lunches," which usually meant that I had met some guy and was hooking up somewhere, often too into it or too far to return on time, sometimes too late to return to work at all.

When sex addicts are not working, sleeping, or eating, they spend their time hunting for sex or planning out their next sexual binge. This isolates and deprives them of the sustaining nurturing, intimacy, and ongoing support of loved ones.

6. Ongoing Desire or Attempts to Limit Sexual Behavior

Most men, unless they are going through a period of physical change or emotional loss, want more sex, not less. The desire to limit sexual behavior sounds a bit like the desire to limit drinking. Most normal drinkers don't even think about limiting or changing their drinking patterns. It is a sure sign that an alcohol problem is looming when someone is actually thinking about limiting their drinking. Sometimes a sex addict will break through his denial either by crossing a sexual boundary he never thought he would or through some negative consequence, like a lost relationship or arrest. At these times he may attempt to stop his problematic sexual behavior altogether (quit cold turkey) or limit it.

Some will simply try to change venues. For example, they will stop going to places where they could get arrested and instead only have sex in sex clubs or bathhouses. They may also stop looking online for sex and only go out to bars. Others will increase their masturbation and/or pornography

use to control or reduce their contact with sexual partners. All these strategies are like changing deck chairs on the *Titanic*! The new situation may seem momentarily safer, but eventually they end up in the same place.

7. Sexual Obsession and Fantasy Become Primary Emotional Coping Strategies

Active sex addiction is an unhealthy attempt to meet several profound emotional needs—none of which are sexual. One of the primary emotional functions of sex addiction is to help stabilize difficult moods and feelings. Sexual fantasy and sexual activity, whether carried out alone or with a partner, provide an exciting intensity-based distraction from life's emotional challenges.

Pain, anxiety, anger, fear, and frustration—even joy—are blunted and avoided through hours of masturbation, cruising, flirtation, and sexual fantasy. In this way, addicts can work around their challenges of facing and resolving conflict, tolerating loneliness, building intimacy, and so on.

Even if not actually being sexual 24/7, many sex addicts “check out” emotionally by being in constant *cruise mode* and objectifying every hot guy who walks by. Roger, whose partner Tony has often asked him to stop “cruising” other men when they are together, describes his experience:

One of the hardest things for me to understand and control was my constant staring at guys. At first I didn't even know that I was doing it. When Tony said it bothered him, I would insist he was “making it up” or just “being jealous.” Cruising someone over a lover's shoulder just seemed natural to me. I just couldn't stop. In healing from sex addiction, I had to learn how to turn away from obsessive cruising because it upset people I cared about and fed my desire to sexually act out.

Some children are forced to learn early on that it is safer or even necessary to get their vital emotional needs met in

indirect ways rather than trusting and depending on others for support. Seduction and arousal replace vulnerability and intimacy. Inner emotional conflicts related to trust and emotional safety go unresolved and personal growth does not occur. But sex addicts learn early that they can consistently rely on the hunt, the search, the chase, and even sex itself to temporarily ease emotional emptiness. Having not fully learned to tolerate and move beyond risking vulnerability to achieve intimacy, sex addicts instead use cruising and sexual intensity to help them feel powerful and in control over others. In this way, they can “get” others to “want” or “need” them, thereby unconsciously escaping feelings they don’t know how to manage.

8. Time Spent in Sexual Activity or Intensity of Sexual Experiences Increases Because the Current Level Is Insufficient

Much like drug addicts who seek increasing amounts of drugs, more powerful drugs, or both to maintain their high, sex addicts may gradually find themselves engaging in heightened amounts of sexual activity, while others become involved in behavior they had never imagined doing.

Escalation in addictive behavior speaks to the brain chemistry involved in the addiction process. Over time it takes more sexual activity and more emotional intensity to produce the same distracting, dissociative high. What may have started out as a few moments on the computer once or twice a week can escalate into a nightly ritual involving hours of sexting and obsessing over online porn. The occasional visit to the “sensual massage” prostitute can become a multiday regular activity. This is sexual addiction.

Unfortunately, for many sex addicts, some of the same sexual activities that produce an intense high can also evoke profound fear and shame when later viewed objectively. Sex addicts are doubly challenged because they not only engage in self-destructive and high-risk sexual

behavior, but also experience feelings of shame and self-hatred when looking back—post orgasm—and wonder what the heck they had been doing and why. As sex addicts lack healthier coping mechanisms to manage these challenging emotions—the same ones that led them to the sex in the first place—one familiar way to cope is simply to have more sex. This is the cycle of addiction.

Now a professional counselor, Jason looks back on the ways sex addiction affected his value system and his life:

When I first started working in the field of HIV prevention, I was very safe-sex focused. I volunteered weekly at our GLBT community center, teaching safer-sex communication, behavior, and dating classes. Back then I couldn't imagine having unsafe sex. I got angry inside when people would come into class reporting just that.

As I became more compulsively sexual, the relationship between my values, beliefs, and my sexual behaviors disintegrated. I became desperately hungry for touch, for sex. Anxious and feeling deeply unlovable, I wanted to be desired, to know that a guy really wanted me—and at some point it didn't seem to matter what I did for attention, especially if the guy was hot.

Condoms came first of course—condoms, condoms, and more condoms. Then later it became exciting to have sex without them, but with no entry—just letting fantasy do the rest. I enjoyed it, but I kept telling myself that I wouldn't go further, but the thoughts were there, the thoughts of bare-backing [anal sex without condoms].

Eventually, I let someone enter me, but not to [the point of] orgasm, and even then only after he promised he was HIV-negative. I felt a lot of shame that time. But before long I did it again with someone else—this time without even asking his HIV status, telling myself it

wasn't that big a deal—and I didn't feel so bad about it. A few weeks later I let someone orgasm inside me. The more I got into unsafe sex, the less I let myself think about it. Once I started, it got very addictive very quickly.

Jason's story vividly describes the progression of one man's sex addiction—how emotional needfulness can play out sexually, leading to personal boundary violations and a steady increase in sexual risk taking. Jason is describing his own denial and self-delusion when he recalls thinking he wouldn't eventually play out a powerful sexual fantasy simply because he vowed not to do it. His story shows how powerful shame-based sexual behaviors become more addictive as the addict engages in even more extreme activities to block out the negative feelings that the behavior is producing.

9. Severe Mood Changes around Sexual Activity

Another striking similarity between sex addiction and drug addiction is when sex addicts begin to fantasize about sex, they also begin to deny any problems that the same sexual behaviors may have caused in the past. Once the fantasies start, it's like all the negative feelings and past consequences never happened.

Flush with excitement and anticipation, the addict eagerly plans and moves toward his sexual escapades oblivious to any problems down the road. Of course when the sex is over, the memory of past shame and confusion often rush right back in.

Michael describes his sex/mood cycle before sex.

It's a slow morning at my office. I am sitting at my desk and something triggers me—maybe a flirty phone conversation or getting the weekly arts paper or thinking of a guy I saw walking out of the restroom. I start fantasizing about sex. I start thinking about guys I

saw yesterday at the pool or the gym. Then I try to come up with an image in my mind of a guy who turned me on—like some kind of online search engine in my head.

Losing focus on work, I begin to feel some excitement in my chest and tingling in my fingers. Without much thought I start thumbing through the back pages of the arts paper for the massage and escort ads. I turn on a sex-finder app and leave it open—waiting for the vibration in my pocket to let me know someone is looking for sex—and all of this while at work.

Before long my fantasy turns in to action—I'm sexting guys, calling phone numbers, being careful that no one is around my desk to hear. I am totally into it. I get one guy on the phone: Greg. He describes the kind of sex we are going to have, attaching photos of his genitals and torso in an email. Now I can't wait to leave. This excitement makes the day so much better. I think of little else. I feel stimulated and motivated. I leave work early.

Michael then describes his sex/mood cycle after the sex :

What was I doing there? I can't believe I left work early, even though I promised my boss I would get some projects finished. My excuse was really lame. I could tell Greg was kind of tweaked. His house wasn't clean and it didn't feel safe there. Why didn't I just leave? I was excited, and he was attractive. I guess I didn't think a whole lot further than that.

But now I feel like shit—I can't keep doing this. He asked me for money and I gave it to him, but I don't really have it to give. Even if this had been an awesome experience—right guy, perfect location—I don't want to hook up with someone and then have them want payment. I want to be wanted for me. Right now I just

want to go home. I feel dirty, confused, and disappointed. I want to shower him off me and go to sleep.

Michael's story shows us how the neurochemistry of sex addiction influences mood changes. In the beginning of his fantasy Michael's thoughts are all about excitement and positive thinking. He is feeling wanted, desired, and aroused. The anticipation of sex lifts his mood, but it also blocks out the fact that he shouldn't leave work early, that he has responsibilities to fulfill, and that his real goal is to be wanted for himself, not to pay for sex.

This is in part what differentiates an addict from a nonaddict. A man with a healthy sexuality might experience the same fantasy arousal, but he would also be able to weigh the potential consequences and make a more balanced decision. Michael's decision is completely swayed by his feelings in the moment.

After the sex is over, Michael suddenly regains self-awareness and experiences both shame and self-criticism for having acted against his own interests and personal beliefs. He feels out of control and over time will come to hate himself for it. The rush of the anticipation *before sex* has been replaced with self-reproach and self-hatred *after the sex*. This pattern is typical of sex addiction.

Acting outside your personal belief system in any important area of your life is going to make you feel bad about yourself. Looking at yourself and not liking what you see inevitably brings feelings of low self-esteem, sadness, and ultimately depression.

Making repeated promises to yourself to change or stop unhealthy sexual behavior only to return to it again and again will only produce feelings of failure and hopelessness. These feelings can reoccur with greater intensity each time a sex addict acts out.

10. Inordinate Amounts of Time Spent in Obtaining Sex, Being Sexual, or Recovering from Sexual Experiences

Addictive disorders evolve incrementally as the problem worsens bit by bit over time. Often sex addicts don't realize how much of their lives have been taken over by the behavior until they are pretty far into it.

Listening to the stories of recovering addicts, one frequently hears how the compulsive search for and experience of sex begins to replace friends, intimacy, creative hobbies, and work achievements. And it's not just searching for sex and hooking up that take time. Being up most of the night looking for sex means you eventually have to recapture sleep that has been deferred or finish work that would otherwise have been completed while you were acting out sexually. Sex addiction also takes a physical toll; even maintaining good physical health—beyond a superficial focus on having a body that others will find desirable—can become challenging.

Active sex addiction is an unhealthy way to get your emotional needs met. And it's time consuming too. Later, we will explore what to do with all of the time and energy you regain when you decide to make some changes. In the next chapter, we will look at what drives sex addiction and what purpose it serves. There are certain psychological issues that underlie all addictive patterns, specifically those of gay males.

CHAPTER FOUR

How Did I Get to Be a Sex Addict?

What draws people into a lifelong struggle with addictive substances and behaviors? Neuroscience is getting closer to understanding addiction, but today the answers remain theoretical. Some researchers believe that it is solely genetics that predispose us toward addiction (the nature argument). The view that alcohol abuse and alcoholism is related to a genetic mutation in some people, but not all people has been proven with some certainty. Others strongly believe the relationships and experiences that shape our early childhood set us up for addiction; this is particularly true for those who experience early emotional or physical trauma and/or neglect, as they unconsciously learn through such experiences to behave in maladaptive and addictive ways to help “survive” the later stressors of adult life (the nurture argument).

In most cases, adult addictive behavior is influenced by a delicate interplay of both nature and nurture. Understanding the history behind your sexually addictive behaviors and the structure that supports them may not help you stop acting out per se, but this insight can help to reduce unproductive feelings of shame or self-hatred, while providing a road map toward healing. Recognizing your sexual acting out as a deeply ingrained behavior pattern that exists on some level as an emotional survival strategy is a lot healthier than calling yourself sleazy, unlovable, or worse. Understanding that your sexual acting out has on some level helped you endure emotionally challenging relationships and experiences can help you feel less ashamed or “flawed” as

you begin to examine the nature and history of your sexual activities.

Responsibility for Our Actions

Nurturing feelings of humiliation, shame, embarrassment, and self-loathing about your past or present sexual behavior is not conducive to healthy recovery. However, we are all responsible for the outcome of our adult sexual and romantic behavior and the consequences of those choices. These may include hurting loved ones, losing jobs, getting arrested, or contracting diseases. Gaining intellectual insight can and does provide emotional relief from the useless bonds of self-hatred, but having that insight or claiming to be an addict does not absolve you from past hurtful behavior, nor will insight alone solve the problem of active addiction. Addiction moves into remission only through motivated and consistent behavior change. Past behaviors often have consequences that need to be dealt with, even if they were an unintended result of emotional survival.

SEX AND MENTAL HEALTH

Hypersexual behavior and sexual acting out are symptomatic of several major mental health problems besides sexual addiction. When in the active stage of mental illness, people with certain disorders will act a lot like sex addicts. Such disorders should be ruled out before concluding that you are a sex addict. For example, when in the manic phase of bipolar disorder, some people have increased libido and can be excessively sexual—even avoiding sleep or eating simply to have more time to search for sex partners. Some depressed people use sex simply to feel alive.

For those with attention deficit disorder (ADD), impulsive sexual decision making can mirror sex addiction. Some people compulsively masturbate with or without porn as a symptom of obsessive compulsive disorder (OCD). Even when medically and emotionally stable, some people with the disorders mentioned here may continue to engage in addictive sexual behavior. This may mean the person has both a mental health disorder and a sexual addiction. Just as people with bipolar or obsessive compulsive disorders may also be alcoholics or compulsive gamblers, they can also be sex addicts. In these instances, both issues must be actively addressed. Without looking at mental health as part of the equation, it is nearly impossible to stop an addiction. That said, proper assessment and diagnosis by a qualified psychiatrist with experience or preferably certification/specialty in the treatment of sexual addiction can save years of unneeded and unwarranted treatment.

GENETICS AND FAMILY HISTORY

Some people are born less equipped to manage challenging emotions, relationships, and life stressors than others. The ability to remain calm in crisis is in part a genetically influenced trait. “Addiction is a family disease” goes a popular saying, and many sex addicts do report family histories of addiction and/or emotional disorders in siblings, aunts, uncles, or parents. Eating disorders, alcoholism, drug addiction, workaholism, gambling, and spending addictions are not uncommon in the immediate and extended families of addicts. When reviewing their life histories in therapy, recovering addicts will often recall watching or hearing about family members who struggled with their own addictive behaviors and/or forms of emotional and mental illness. Families with mental health and addiction problems tend to pass on dysfunctional patterns of intimate relating, stress management, and conflict resolution. Children witness, experience, and learn from these problem

behaviors in their loved ones and caretakers, while some experience abuse and neglect more directly.

For some, the symptoms of undiagnosed mental health disorders such as depression and anxiety can be masked and managed through patterns of addictive behavior and substance abuse. Experts believe that some people develop addictive patterns as a way to self-medicate, emotionally escape from, and/or manage underlying genetically carried emotional challenges such as anxiety, attention deficit disorder, obsessive compulsive disorder, and depression. Unfortunately once a compensating behavior is carried out for a long enough period, it can become *hard wired* into our neurochemistry. This is the nature of addiction for those people who use substances and/or intensity-based actions (porn abuse) or calming behaviors (eating) repetitively to cope. Over time these activities can take on a life of their own.

SURVIVING CHILDHOOD

Many sex addicts can recall learning or even teaching themselves when young to escape into intense fantasy to get away from frightening or overwhelming experiences. As they matured, they often learned that sexual fantasy and pleasure could serve as an even more powerful form of emotional soothing and distraction than simple fantasy could. This scenario is a setup for sex addiction. Marty, who's now in treatment for porn and Internet-related sexual addiction, recalls staring out his bedroom window for hours as a child to tune out his parents' endless fighting.

I remember being six or seven and going to my window nightly with a pad and a pencil to tally up the types of cars going by. I taught myself to tell the Ford Mustangs from the Chevy Camaros from the Honda Civics just from the taillights. Each night I could guess pretty much every type of car from my window.

Now, recalling it in therapy, I can still feel how that compulsive counting and watching distracted me from what was going on just down the hall. I didn't know then that my mother was having an affair or we had financial problems. I just wanted the shouting and unhappiness to go away. Looking back, it makes perfect sense that as an adult I continue to distract myself from stress or emotional pain by spending hours looking at porn and endless Grindr chats. When feeling stressed out, bored, alone, or anxious, I use the very same skills I learned as a little boy—to soothe myself and escape. Only now the fantasies are a lot more exciting and can lead to anonymous sex or hours of masturbation.

All active addicts reach for pleasurable, intense, or calming *external* substances, experiences, or both just to cope. Many do so having never fully learned how to use their own emotional resources or to trust that others would truly be there for them if they reached out for help. Recent research on childhood trauma and abuse suggests that the actual development of a child's brain can be profoundly altered by severe or repetitive negative experiences and the effects extend into adulthood, as victims face ongoing struggles with anxiety, depression, or addictive behaviors.

About Medications

Some nonaddictive prescription medications called SSRIs (selective serotonin reuptake inhibitors) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are proving to be quite effective in relieving many symptoms of anxiety, compulsivity, and depression.

They can be useful for sex addicts with depression or anxiety when taken with focused therapy and group support. Medication won't cure a lifetime of addictive behaviors, teach relapse prevention, help develop healthy coping strategies, or offer group support.

However, for some, medications can help with the neurochemical imbalances that cause addicts to compulsively return to their problematic behaviors and the shame that goes with it.

SEX AS A DRUG

Most sex addicts who've gained some insight into their behavior will tell you that the sex act itself is a relatively minor part of the entire experience. It's the planning, the chase, the cruising (people or images), and the fantasy that make the behavior so addictive. If sex addiction is not simply about having sex and reaching orgasm, then, what purpose do arousal, intensity, and excitement serve for the man who is repeatedly acting out sexually in a way that diminishes his quality of life and places him in physical or emotional jeopardy?

SEX FOR SELF-ESTEEM

In the often empty, stressed-out, shame-based, and compartmentalized double lives of most active sex addicts, behaviors that may appear to be destructive patterns of sexual acting out are actually misguided attempts to meet otherwise healthy psychological and emotional needs. In other words, the sexual behavior itself may be problematic, but the emotional needs that trigger the behavior are quite healthy. Many male sex addicts view their obsessive cruising, flirting, anonymous sex, repeatedly hiring prostitutes, or compulsive use of smart-phone apps and cybersex as "just being horny" or as "a way to meet men" or "just getting off." In truth, their sexual behavior represents an unconscious need to fill years of underlying, often unacknowledged loneliness, disappointment, and low self-esteem. No matter how successful they may appear in their career, finances, or relationships, sex addicts act out from a place of emotional deficit.

The sex addict uses the search for sex and romantic intensity to say, “Look at me! Pay attention to me! Notice me! Love me! Don’t reject me! Need me! Desire me! Make me feel lovable! Help me to feel whole and wanted, even just for a few hours or moments.” He silently screams out his need for attention, validation, and affirmation. Steven describes his experience this way:

I found a way to gain control over men from almost as early as I could remember. From my first sexual encounters in New York City subway bathrooms at age fourteen, at bus stops and dark alleys, I quickly learned how to get the attention I craved. I sure wasn’t getting much of that at home. Whether “working” a gay high school teacher for “special attention” or cruising fancy department stores seeking some daddy to take care of me, I knew that once I could get a guy to look at me with lust, I had some power over him.

My home life was out of control and crazy. There was no way for me to get much of anything there. But when I hit the streets, cruised adult bookstores, or worked whatever bar I could get into, even though I was only a kid, I felt in control when I could get grown men to want and desire me. It was particularly good if I could get these older men to think that they were special. Then they would invite me to their homes and give me things—house keys, cash, gifts—and all of that made me feel important.

Often sex addicts employ seduction, romantic manipulations, and sex itself to resolve unmet emotional needs. This is key to what distinguishes the psychology of a sex addict from that of a healthier person. The healthy, horny guy (gay or straight) just doesn’t have as much emotionally invested in his sensual, romantic, and sexual interactions as the sex addict. The nonaddict may cruise,

flirt, have anonymous sex, and all the rest, but he isn't driven to this behavior by a deeper unmet longing for constant validation, affection, and acceptance. Emotionally healthy men don't need to repeat a sexual behavior over and over again just to feel okay, especially when they have other priorities (though they may choose to return to certain behaviors because they enjoy them recreationally). It doesn't seem to matter whether sex addicts are in a relationship or single, whether they have many friends or are socially isolated. No matter how much intimate love or friendship might be available to them, without taking specific actions to address their inner deficits, they will continue their hunt for the next guy to notice and want them, and then the next and the next. "I felt like a shark—always moving" is one gay sex male addict's description of how he felt when acting out. "It's like I was always on the hunt for some guy to want me. And I could never really rest on some level. To rest meant some kind of dying, but being wanted and having a lot of sex, that made me feel alive."

USING SEX TO COPE

The sex addict pursues his ritualized sexual patterns to unconsciously escape uncomfortable emotions, while using the other's sexual interest in him as a means of gaining self-worth and control. For the sex addict, it is rarely just about "going out to have a good time." Alan, now in his third year of healing from a lifelong history of anonymous cruising and over a thousand sexual partners, put it this way:

I used to see my work travel schedule as an ideal way to have a fun sexual life. My job took me out on the road a couple times a month. I often wouldn't get much farther than the airport men's room before I was cruising, flirting, and looking for instant intimacy, attention, and sex.

I can't think of a trip I took in five years of business travel where I didn't find at least one anonymous partner—often more. A free evening on the road always meant going to the local bar or sex club or getting a sexual massage in my hotel room. Finally getting into treatment and recovery helped me realize that underneath all my frenzied sexual activity were a lot of difficult, unacknowledged feelings about having to leave home so often and travel so much. All that compulsive cruising and sex was covering up deep feelings of loneliness and sadness. Underneath that excitement for adventure was a man who often felt lonely, empty, and adrift, emotions I never knew I even had.

Before I got into recovery, it never even occurred to me that it was just difficult to be on the road so often. I missed my friends, my family, my dogs, my home. Looking back, I can see that all the time I kept myself busy in fantasy, making plans for all that “hot, good sex,” I was literally distracting myself from ever feeling lonely, unhappy, or afraid. And it worked for me for a really long time.

The real problem became (beyond living a double life—one at home, one on the road) that I started to feel like I didn't really have a choice. It all was so ... automatic. The flirting, cruising, and anonymous sex, then the pretending none of it had happened became as much a part of my life as eating and sleeping. And to be really honest, I spent a lot of time man-hunting till all hours, often to end up with men I didn't really want to be with. I couldn't stop myself. Every time it was like, well I'll just go out and look for a little while ... and the next thing I knew it was 3 a.m. and there I was having sex with a stranger at his hotel hours before I had to start my workday.

The psychological issues underlying Alan's sexual acting out presented themselves in treatment after he made a commitment to stop his addictive sexual behavior. Alan's therapy helped him understand that some of his childhood experiences—being a latch-key kid and the victim at a very early age of his parents' very unhappy divorce where they stopped speaking to each other—were still affecting him as an adult. Left alone to care for himself and enduring loss and loneliness when he was too young to manage the accompanying emotions, Alan never developed the skills to handle feelings like abandonment or loss when they arose in his adult life.

Though charming, seductive, and socially skilled on the outside, Alan remained on the inside a lonely, frustrated little boy who used his social skills and intellect to get the attention and validation he craved through flirtation, cruising, and sex. As long as he continued to use sex as a salve for emotional pain, he only grew emptier despite finding a long-term relationship.

Sex can become a way to cope, escape, or self-medicate. David, a compulsive masturbator and porn abuser, established a pattern of masturbation in early childhood that continued into his adult life. He explained:

I was eight when my mom left and didn't come back. She had been drinking on and off pretty heavily since I was really little. I remember her yelling, throwing things, and then crying until she fell asleep. I would comfort her at times, bringing her my blanket, as she lay passed out in the living room. When she wouldn't wake up for long periods, I learned to feed myself and wash up on my own.

When she was mad at me, Mom would make me stand in the corner naked—I still remember the feelings of humiliation and unfairness. After those times I would go into my bedroom, lie on my stomach, and rock back and

forth to comfort myself. I learned that by rubbing my penis on the sheets I would get a pleasurable feeling and start to feel better.

Masturbation was soothing and I started doing it all the time. By adolescence, spending hours in my room masturbating to porn was a daily ritual. At thirty-four, I was masturbating nightly to get to sleep and most mornings in the shower. Some days I masturbated to the point of injury, but even that wouldn't stop me.

I had a porn collection locked in my desk drawer at work and one loaded on my phone so that I could masturbate in the restroom on my lunch break. I spent most weekends and evenings online with porn, in chat rooms, or occasionally hiring a prostitute/masseuse to come to my apartment for sex.

My sex life with guys I actually liked was practically nonexistent. I never really developed the skills or the faith in myself that would allow me to carry out a meaningful, long-term relationship. Eventually I had practically no social life, few loving relationships, and even less hope.

David learned early not to depend on intimate relationships for soothing and comfort. He discovered early that masturbation and fantasy were effective ways to cope with—and medicate—emotional pain and loneliness. The key to David's story is not his early use of masturbation for the physical pleasure it gave him, as many young children do this, but that he learned to masturbate for the self-sustaining comfort and distraction it offered. This early pattern of distraction and arousal became such an integral part of his life that as the years went by he wasn't able to see the toll it took on his time, emotional health, and prospects for the intimate relationships he craves.

As his sexual behavior evolved into an all-consuming addiction, David's emotional (but not intellectual) growth was stunted, much as excessive drinking stunts the personal growth of an alcoholic. Only by entering treatment and ending his abuse of porn and gaining the fellowship of other recovering men was he able to see and grieve his traumatic childhood. In building new coping mechanisms, both within and outside of himself, David was finally able to move on.

Note that David's sex addiction only occasionally involved sex with other people. He didn't have very many partners, nor put himself in any serious physical or legal jeopardy. David's addiction-related losses and consequences were the countless hours he had devoted to his sexual behavior, the isolation that it produced, and the hopelessness he felt from truly believing that he was not deserving or capable of love.

PAINFUL CHILDHOOD ISSUES PLAY A PART

What role does childhood neglect and abuse play in the psychological makeup of someone with a sexually addictive disorder? Many gay men who decide to seek help for their sexual acting out eventually realize that painful childhood issues contributed to their addiction.

But as long as addicts remain locked into their numbing and shaming patterns of active sex addiction—with the requisite drama of disease, intrigue, broken relationships, drug use, arrests, and betrayal—it is not possible for them to examine the past and discover how these patterns emerged from their early challenges. *Sex addicts need to stop acting out before they can begin to come to terms with their past.* Many recovering sex addicts who spent years in psychotherapy before getting sexually sober attest that much of their prior therapy was taken up with the drama surrounding their sexual acting out rather than the underlying painful concerns of their histories. And many report consistently lying to previous therapists about their

sexual acting out. Only by first stopping their addictive sexual activities were they able to make full use of the therapeutic process and begin to grow out of the unhealthy coping behaviors they developed early in life.

People have dramatically different responses to the prospect of investigating early childhood problems. Most adults who were abused as children tend to idealize their childhoods. Even when they're recalling difficult or hurtful events, some adult childhood abuse survivors describe their experience as "not especially bad." Others simply cannot recollect long periods of their childhood.

Even when a childhood history of direct trauma or abuse is painfully obvious, it can take a great deal of patience, support, and care for the person who was victimized to fully understand the emotional impact of such experiences and to integrate this understanding into adult coping strategies. Often, early in treatment or therapy, people expect that they will remember or understand some single "event" or "truth" in their personal history and that this insight alone will cure or fix them.

It is highly unlikely that uncovering any single truth will cure a lifetime of sex addiction and underlying intimacy problems. Go slow in looking at the past so the anxiety and feelings about your childhood don't trigger a return to sexual acting out. Childhood abuse that over time can contribute to sexually addictive patterns of behavior in adults follow.

CHILDHOOD ABUSE CONCERNS

Physical: Being hit, beaten, spanked, whipped, abandoned, locked up alone for long periods, watching others be hit or beaten, or excessive unwanted tickling.

Sexual abuse, overt: Children under the age of sixteen persuaded to engage in oral sex, genital sex acts, sexual touch, or masturbation with adults. Sexual stimulation by

adults. Being asked to exhibit yourself, being exhibited to, deliberate exposure to porn by adults, or deliberate exposure to sex by older children.

Sexual abuse, covert: Exposure to sexual content in childhood (excessive nudity, sexual acts). Ending up as a surrogate emotional spouse to a troubled, alcoholic, or mentally ill mother or father. Seeing adult sex in the home, excessive talk about sex or genitalia, or having your sexual development discussed in front of the family. Sex described as bad or dirty or never discussed at all.

Emotional abuse: Being yelled at, devalued, subject to constant sarcasm, mind games, being the butt of jokes, being picked on, or being threatened. Being constantly monitored or controlled. Having to take sides in your parents' marital problems. Being blamed for why a sibling is being hit or abused. Having to witness a parent or sibling experience physical, sexual, or verbal abuse.

Intimidation: Feeling that the house is not a safe place because of constant fighting. Adult caregivers who are absent or inconsistent, violent or threatening, unloving, or angry all the time. Being left alone for long periods waiting for punishment. Being shoved, pushed, demanded of, or not given a choice of activities or free time.

Physical neglect: Inconsistent food or money sources; inconsistent shelter; constantly changing schools; unclean home or clothes. Being left alone for long periods of time with no activities. Lack of structure in the home—everyone fend for themselves. Being left to take care of yourself when too young to do so. No family meals, little cohesion among family members. Being put to bed or locked in your room at age inappropriate times.

Emotional neglect: Significant events that happen in the home or family are not discussed or celebrated, sex is not discussed, minimal physical contact, no hugs, consistently

putting the needs of an emotionally or physically troubled parent or sibling first, childhood is all work and no play. Frequently let down, learning that caregivers promise things that are either taken away or forgotten. Learning that you can't trust or rely on adults.

Homophobia: Told to “act like a man,” forced to dress, act, or play in a more “masculine” way, called “sissy” or “fag” or “queer.” Pushed around, beaten up, socially ignored, or laughed at; unwelcome in peer groups. Unable to talk about social abuses at home. Being bullied in school without protection.

Abuse and neglect in and of themselves do not cause addictions. Addictions are, in part, maladaptation or unhealthy coping mechanisms *learned in response to* abuse and neglect. Addicts of all kinds have histories of abuse, but not everyone who has a history of neglect or abuse becomes an addict. Some people translate their painful early experiences into creating art or become devoted to selfless acts of giving. Others may get help early or find caring adults to guide them into adulthood. In short, childhood sexual abuse or neglect does not guarantee that someone will become a sex addict or even a sex offender. However, early abuse does significantly increase the chance of later developing addictive life patterns.

THE POWER OF NEGATIVE CHILDHOOD BELIEFS

Children take a lot of responsibility for both the good and bad things that happen around them. Those who grow up in families where relationships form around patterns of abuse, homophobia, or neglect (emotional or physical) will consciously and unconsciously blame themselves for those negative experiences, often carrying negative feelings about themselves into adulthood.

Shame, low self-esteem, mild depression, or a sense of unworthiness are common. The earlier it started, the longer its duration, and the more profound the childhood abuse or neglect, the more intense the core of shame within.

Shame and self-loathing are key factors that drive addiction.⁴ Examples of these negative beliefs along with the corresponding thoughts and behaviors that keep them alive follow.

Self-Esteem

Belief: I am basically a bad and unworthy person.

Thoughts: No matter what you see on the outside, underneath I am worthless. My sexual acting out confirms my worthlessness. I am hopeless about ever feeling healthy or normal. I feel like I have to work harder than others just to look “okay.” I cover up my many mistakes so you won’t judge me, but I can’t ask for help or make myself vulnerable because then you would see how truly flawed I am.

Behaviors: Early self-defeating or degrading life experiences can often be covered with a veneer of grandiosity, self-righteous anger, or arrogance. Conversely they can manifest in adult underemployment, financial problems, isolation, living in unhealthy environments, poor self-care, being egocentric or self-centered, sending mixed messages, as well as bringing people into your life but then pushing them away when they start to get close.

Body Image

Belief: I am unlovable as I am.

Thoughts: My body is not sexy or attractive; I cannot get anyone to want or love me. My penis is too small or ugly. I will never look as good as other men do. I can’t be myself because once they really get to know me, people will abandon me. Letting people know my feelings is

uncomfortable; it is better to keep my focus on looking good. If I only had more money, a better body, clothes, or success, I would be loved.

Behaviors: Focus on body image, money, constant exercise or dieting, unnecessary plastic surgery, steroids, body enhancements, or overspending on clothes, trainers, etc. Always looking for the better-looking guy to date or for sex. Valuing looks over kindness, empathy, caring. Trying to impress people to win them over. Always yearning for a bigger job, house, or vehicle. Constantly comparing myself to others and thinking that if I had what others have, then I will be happy and they will want and desire me.

Some men with these issues consistently allow men whom they deem “hotter” than themselves to use them sexually, financially, and emotionally in order to feel worthwhile, thereby reenacting the kind of abuse they may have experienced as children.

Relationships

Belief 1: My needs are never going to be met if I have to depend on someone else.

Belief 2: If you really get close to me, you won't love me or you will leave me.

Thoughts: Only through luck or careful strategy can I achieve happiness. I have to seduce someone to get them to want or love me. Even if I find someone, eventually I will be abandoned. I want someone because I don't want to be alone, but I can't let anyone get too close to me because then I will get hurt. I have to learn what attracts people to me and emphasize that, while hiding anything I think might cause me to be rejected. I have to look good. Winning is more important than playing.

Behaviors: Lying, keeping secrets, living a double life, having many lovers on the side, and leading a driven,

intense, controlled life. Keeping busy all the time or workaholism. Constantly taking care of other people's needs and putting other people's needs before yourself. Recreational activities limited to acting out with intensity. Manipulating relationships to keep others from leaving. Being ambivalent and noncommittal about relationship intentions. Being highly competitive. Appearing unaffected by external issues or problems—cultivating a demeanor of detachment. Seeking relationships with unavailable partners, looking for and longing for straight guys. Trying to rescue unavailable or troubled men. Lacking personal warmth or emotional availability to others, then taking it personally, feeling deeply hurt when people keep their distance.

Sexuality

Belief: Nothing is more important to me than sex.

Thoughts: I want all the hot guys I can get. Why pass up a good opportunity to have sex? Having a lot of sex is part of being gay. People who don't have sex whenever they can are just boring and not hip. Monogamy is a heterosexual concept. Being with men means having as much sex as you want. Having sex with a lot of people isn't going to affect other parts of my life. I can do who I want, it's my business, and no one gets to judge my sexual choices.

Behaviors: Opportunities for sex are seized wherever possible. Includes engaging in sexual behavior that borders on exploitative or predatory, having poor boundaries around sex and friendships, ending relationships, and dishonesty toward intimate partners. Any time is a good time for sex. Drugs will only make sex better. Work or time with friends are "tolerated" until free to go cruise for sex. Self-worth is defined by the frequency of sexual encounters, but the sex actually feels emptier and emptier over time. Friendships are often shallow and superficial or defined by sex.

HOMOPHOBIA AND SHAME DRIVE ADDICTIVE BEHAVIOR

Shame is a core emotion underlying and driving much addictive behavior. For gay men, multiple layers of shame can manifest in addition to shame derived from growing up in an abusive, dysfunctional, or neglectful family.

Gay children experience shame and stigma because they often have to hide homosexual feelings that are unacceptable to their peers and families. Even if they don't identify or understand their "gayness" at an early age, most homosexual and bisexual men speak of having felt "different" or "knowing they were different from other boys," some as early as four or five years old. As a result, most gay children and adolescents learn early to hide parts of themselves.

Most adult gay men recall being profoundly teased or worse as children or teens if they exhibited traits deemed less than masculine. First in the family and later in the social surroundings of school and peer play, gay males learn that it is risky or even dangerous to openly demonstrate interests or behaviors that lie outside patterns of "typical" male behavior. Graeme Hanson and Lawrence Hartmann, in their groundbreaking research on male homosexuality, describe this experience of isolation:

Boys called "sissies" often have few ways to express their distress about being different and about being teased. Some respond to social pressure by increasing gender-conforming behavior (thereby hiding parts of themselves). Others respond with shame, lower self-esteem, depression, and a diminished ability to interact with, enjoy, and learn from peers (isolation). Not infrequently, the people to whom such boys would turn for adult support and comfort—their parents—are also uncomfortable with and lack understanding of the

child's experience of being different. These effects can be carried forward into adulthood as a lifelong view of interpersonal relationships consisting of some kind of wariness or distrust of self or others that the young man will bring into future relationships.⁵

This “distrust or wariness of self or others” that Hanson and Hartmann speak of is what shame feels like. To protect themselves from hurt or embarrassment, many gay children learn to hide or reject the parts of themselves that others might find objectionable. It is hard to learn trust and intimacy while actively hiding parts of yourself in order to feel safe and survive.

The gay adolescent can't help taking in the negative names and messages peers use to describe boys who are attracted to other boys (faggot, sissy, queer) when he suspects that he himself is or may be such a boy. This type of conflict produces shame about what he is and shame around sex and his sexual feelings. Our culture has come far in identifying the dual problems of childhood bullying and insulting language being acceptably used toward gay men and women. Prejudice and abuse continue in the shadows and sometimes out in the open.

This specific type of shame—the fear of discovery and/or rejection for being homosexual—is at the root of internalized homophobia, which influences the later development of self-esteem, self-worth, and the ability to be intimate and genuine with others. The pressure of growing up feeling different in an unacceptable way while having to learn to hide that difference as a survival mechanism are emotional stressors that most heterosexual children do not have to contend with. This, in part, accounts for the higher levels of chemical dependency, alcoholism, multiple addictions, and emotional problems seen among adult gay men. Children of other minority groups often also experience this kind of

stress. Its negative influence on adult emotional life, self-esteem, and social relationships is well documented.

GAY SURVIVAL

Nearly every gay child learns to hide parts of himself to “fit in,” which reduces his opportunities for genuine social and family interaction. This emotional isolation, coupled with the fear of being “found out,” amplifies the experiences and behaviors that contribute to addiction. Juan, a twenty-nine-year-old Latino, relates how internalized homophobia contributed to his sex addiction and nearly destroyed his five-year relationship with Jeremy:

Well I finally got some help, but only after Jeremy came home early one day and found me at home—in our bed—having unprotected sex with a male prostitute. At first I said that this had never happened before, that I had always been faithful, but Jeremy just didn’t buy that. He told me he would leave me for sure if I didn’t tell him the truth. I finally told him that I have been with a lot of guys on and off, casually, throughout our relationship, despite the fact that we had promised to be monogamous.

Juan later revealed that his sexual escapades were part of an even longer term pattern of both anonymous sex and keeping sexual secrets:

Growing up, I certainly knew better than to talk to anyone about being gay, and being gay to me meant having sex with men. My parents would have thrown me out if they had known, and the church said what I was doing meant I was going to hell—that sex with men was a sin. There was no one to talk to where I grew up, and even though I was sexually active from the minute I hit adolescence, I never talked about it with the men I had sex with. Looking back I had this total double life,

looking like a Catholic choirboy on the outside and then having sex with what seemed like half the boys in the neighborhood behind closed doors. The same boys who would call out “faggot” the minute I got off the school bus. Even though I never really felt loved, valued, or even worthwhile in my life at home, I always felt desired and important when older guys would want me for sex. When I met Jeremy and fell in love, I wanted to tell him that monogamy or even a negotiated open relationship seemed impossible to me. But it just seemed so important to him, and in the beginning it wasn’t all that hard to do because we were in love and I didn’t really even want anyone else. But then, as time went on, I started cruising again and then secretly started having casual sex with other guys. I couldn’t admit the truth and I was sure that he would leave me if he knew.

Juan’s story illustrates how a secret sexual double life developed during childhood can grow to shape later adult intimate relationships. Though Juan had “escaped” his early repressive environments of church and family, Jeremy’s request for commitment and monogamy left Juan feeling trapped in an emotional dilemma similar to that of his childhood.

Having never dealt with his addictive sexual behavior patterns and lacking the skills either to reach out for help or to trust his partner by being honest, Juan returned to his adolescent pattern of hiding or splitting off parts of himself and his sexual behavior. And as before, he felt ashamed and isolated from those closest to him. Eventually, the conflict between his two worlds brought about a crisis that nearly cost him his relationship.

HOMOPHOBIA, SHAME, AND ADDICTION

The shame gay sex addicts feel is often directly related to their repetitive hidden patterns of sexual behavior. In fact,

there is *double shame for the gay sex addict*; no matter how much he may have worked through any internal homophobia, he still ends up feeling ashamed of his sexual acting out. This double shame reinforces the impulse toward a secret sexual life. We can see this tendency in Steven's story:

During college I would hit all of the restrooms on campus for sex. Whenever I had a final or the pressure was on, there I was cruising behind closed doors and peeking under stalls looking for sex. I found a lot of older guys looking for college-age kids, but also young guys like me who mostly just seemed ashamed of what they were doing and ran out of there as soon as it was over. When I would see one of them on campus, we would always pretend like we had never met. Sometimes I would get really drunk with friends to see if I could get them to have sex with me. Whenever that did happen, we would either end up acting like it never happened or they would stop being my friend.

Back then I thought I was straight, that I just went to bathrooms for sex to relieve stress. I was still dating a girl and even thought about getting married. But even after college, when I was still living with my girlfriend, I used to cruise adult bookstores for hours, having sex with men on a lunch break or on the way home. When we broke up and I finally came out as a gay man, I figured that once I settled down with a guy and got into a same-sex relationship I wouldn't want to go looking for anonymous sex anymore. I blamed cruising Craigslist, Manhunt, malls, and even college restrooms on my having been so closeted. What a shock to find that once I was no longer living with a woman and didn't have anyone to come home to, my cruising activity tripled! Then, instead of focusing on finding the right guy—which is what I said I really wanted to do—I found myself

spending two to three hours a day online or in gym hot tubs, just cruising and having sex with strangers.

It took my getting arrested for masturbating in an adult bookstore to see that I really did have a problem. It had nothing to do with trying to be straight. It was something else entirely. That's how I got into recovery.

THE POWER OF INSIGHT—THE HELPFUL PART

Understanding that sex addicts act out in an attempt to assuage deeper emotional problems can help eliminate some of the stigma society places on sex addiction and reduce some of the shame gay sex addicts feel about their behavior. At their core, sex addicts feel defective, broken, or deeply flawed. Although sexual acting out itself can reinforce these feelings, most sex addicts have held underlying negative beliefs about themselves for most of their lives.

While many sex addicts have an outward arrogance, pride, or grandiosity about their sexual prowess and adventures, this posturing is often a mask that hides deeper feelings of low self-esteem and self-hatred. Recognizing that your addictive behaviors developed as a means of emotional survival can go a long way toward reducing underlying feelings of paralyzing shame and self-hatred.

Men who act out sexually are not sleazy, untrustworthy, or uncaring—although their actions and behaviors may fit these descriptions at times. It's more correct to say that sex addicts find it difficult to sustain feelings of self-love and validation through the safe, consistent support of friends and intimate partners. Sex addicts will repeat their undying quest for love and admiration by abusing both sex and romantic intensity, until they get the direction and support they need to stop their addictive patterns. Once he does stop acting out, a sex addict can begin to examine and heal

the pain that underlies his addiction and learn to move on to healthier forms of genuine intimacy and connection.

THE POWER OF INSIGHT—THE LESS HELPFUL PART

The Big Book of Alcoholics Anonymous states, “Insight alone availed us nothing.” Although there is great value in understanding that physiological and psychological problems underlie most addictions, simply knowing this doesn’t provide a cure! This is the problem with trying to utilize traditional psychotherapy to eliminate addictions. Managing addiction is no different from dealing with any chronic medical condition where getting an accurate diagnosis is the first step toward healing and recovery. If by reading this or working with a therapist you believe that sex addiction might be a problem for you, then take active steps toward solving it.

SEEKING A CURE

Many people who read books like this one, enter Twelve Step programs, seek therapy, and check into treatment centers are seeking “the answer.” They want to solve all their problems now.

Some people will give up when they find out they aren’t going to be cured once they “figure it out.” The problem is they don’t actually want or know how to solve the problem; somehow they think having that “Aha” moment will be enough.

No amount of information is going to stop a sex addict from repeating patterns of problem behavior. You can only meaningfully change your behavior by taking deliberate, ongoing, active, and committed steps toward change. Now that you have a better understanding of sex addiction, upcoming chapters will focus on creating change. You’ll learn how to make change happen one day at a time. The

next chapter, *Sex, Drugs, and Multiple Addictions*, will explore how party drugs and other addictive substances can become intertwined with sex addiction.

CHAPTER FIVE

Sex, Drugs, and Multiple Addictions

We've all heard about the powerful combination of sex, drugs, and rock 'n roll. It's been the demise of many. Philip, twenty-nine years old, seeking help for the first time, explains his *fusion* of sex and drug addiction and a party lifestyle:

Half the guys I meet online or over a phone app end up offering me "Ice Cream" or "Tina" (crystal meth) or just write that they are looking for someone to "PnP" (party and play). I learned fast what that means. When I hook up with one or more of these guys, we usually spend the weekend watching porn and having sex with other men who show up. If I am too high to get it up or keep it up, I keep Viagra, Cialis, or one of those drugs around, or I can get them shipped overnight off the Internet. At the bars there is a constant supply of cocaine, meth, and X, and when I do those, I can end up in the sex clubs or out cruising the streets and parks till dawn. Now that I am not using drugs, I don't even know what it might mean to have "sober sex" since being high and having sex have always felt so woven together.

Many addicts struggle with multiple addictions—having more than one substance and/or behavioral addiction operating at the same time. In a survey of male sex addicts, both straight and gay, about 87 percent reported having a history of abusing alcohol, drugs, or another addictive behavior.⁶ Though more research is needed, it's reasonable to conclude that gay male sex addicts would be even more likely to have multiple addictions than their straight

counterparts, since gay men in general have higher substance abuse rates than straight men. Some data suggests drug and alcohol abuse in gay men is as high as 30 percent, compared to 10 to 12 percent in the general population.⁷

Theories abound about why drug and alcohol addiction rates are higher among gay men. The source of the problem is either

- **Biological:** Born homosexual and/or being born into an addiction-prone family
- **Familial:** Family rejection of a gay acting or gay identified male child
- **Environmental:** Teasing in school, feeling forced to hide sexual orientation, and so on
- **Cultural:** Using drugs to medicate the uncomfortable feelings associated with experiencing internalized and/or externalized homophobia

Most likely, some combination of these factors contributes to a higher incidence of addiction among gay men. One noted researcher wrote, "The use of substances can be associated with ... coming out and self-acceptance for many gay men ... while internalized and societal homophobia combine to reinforce the use of alcohol and drugs."⁸ Addictions, according to this researcher, can be a combination of all four theoretical factors. Whatever the cause, it is clear that gay men are more prone than the general population to addiction in multiple areas.

CULTURAL REINFORCEMENT FOR ADDICTION

Gay men today have more social and community building activities available to them than ever before, both online and in real time. However, for many gay men, public social activity remains tied to settings that reinforce drinking and getting high, along with achieving the perfect body. It is no

coincidence that the most consistently successful private local businesses in the gay community are gay bars, gyms, online sex apps and “friend finders,” diet and exercise gurus, X-tube and paid porn sites as well as the more traditional bathhouses and sex clubs. While bathhouses and sex clubs are not as prevalent today as they once were, most big cities (U.S. and International) still have them. Nearly all weekly gay print and online publications would not survive without the glut of advertising promoting physical perfection, sexual massage, prostitution, sexual partnering, and even romance. All of this sends a distinct message to gay men regarding what brings happiness and how to live a fulfilling life which differs dramatically from the one received by straight male culture.

This public face of gay culture readily reinforces the idea that having a lot of sex, romance, body perfection/enhancement, along with easy access to mind-altering chemicals, is what being gay is all about. This means that many urban gay men, when seeking to meet, socialize, or potentially find a sexual/romantic partner, are regularly forced to confront the co-occurring, combined distractions of getting high and anonymous sex as *primary recreational activities*. For those just coming out (at any age), along with those struggling to establish a stable sense of being gay (those who most want to fit in and belong), the potential for problems are obvious. It’s not that the party circuit, cruisy gay gyms, the bar/club scene, bathhouses, sex clubs, and even newer online “venues” like Manhunt, Adam4Adam, and Grindr are “bad” or “wrong” in and of themselves. They provide ready means to connect with other gay men and could be incorporated as vibrant, healthy dimensions of a gay man’s life. For some, the same goes for drinking or getting high. There are also many gay men who, challenged by limited emotional resources and short on social and intimacy-building skills, end up being overexposed to experiences and behaviors they are ill

equipped to handle. Rather than liberating such men, these social scenes can imprison them.

HIV, AGE, AND DRUGS

Many gay men use drugs and sex to simply check out. A lot of older gay men, both HIV positive and negative, survived the AIDS-ravaged 1980s and early 1990s only to lose many or even all of the gay friends and lovers of their youth. Stories of gay men throwing away their “little black book” after crossing off *every single name* due to untimely deaths are horrifically tragic and sadly common. Faced with this immeasurable cultural and personal hurt, while forced to develop new social circles and sexual networks, some of these men have turned to quick online or smart-phone hookups that, when combined with disinhibiting party drugs like coke and meth, can temporarily re-create a lost sense of empowerment, desirability, invincibility, and youth. For these “survivors,” the timing of crystal meth’s appearance on the gay scene was nearly perfect in the worst way. The drug quells feelings of hopelessness and low self-esteem and fits neatly into habits and institutions already in many gay communities.

Street drugs—particularly crystal meth—produce effects that can feel like the great equalizers for aging gay men. If feeling physically inferior or less desirable than a younger, “more perfect specimen,” the older gay man (and over thirty-five seems to be “old” in gay years) can completely lose these anxieties and fears. One addict had this to say about his crystal meth use:

*In the late '80s, when all my friends were alive, it was always the gang getting together for dinner, doing this or that. But, then they all died. I'm a long-term survivor with HIV. I'm here and they're not. Now my weekends can be very, very lonely. And as a result of that, my drug usage has increased.*⁹

Some HIV-positive addicts say that learning about their diagnosis actually became a catalyst for an extended period of sexual acting out and drug use. Malik describes his experience this way:

I just didn't care anymore. I tried to be safe but once I got some meth, I was like, "Fuck it. I don't care what happens now." I hit the sex clubs all weekend, every weekend, and I was getting high like there was no tomorrow. As far as I was concerned, there was no tomorrow. Looking back now I feel a lot of shame about the men I might have infected, but for a long time my unspoken rule was "don't ask and don't tell." I was so filled with anger, hurt, and resentment that I think I just wanted to fuck it out of myself.

For younger gay men—some bristling against the “safe sex” messages drilled into them everywhere and the endless associations of sex to testing, medications, illness, and disease—easily obtainable party drugs, fast sex online, and anonymous smart-phone hookups can temporarily banish the specter of mortality. These guys just want to have fun. Crystal, coke, Vicodin, and Oxy are a great way to forget about the fear and responsibility now inextricably associated with sexual freedom, HIV, and AIDS.

For many young gay men (as with straight men), the intensity-based party period of their lives wanes over time, often replaced by more meaningful friendships, intimate relationships, and career priorities. But, some men become increasingly addicted to the combination of drugs and intense sexual experiences and find it difficult to move beyond it, even when they desperately want to.

THE ALLURE OF CRYSTAL METH

Methamphetamine is in essence a synthetic version of adrenaline, a naturally occurring hormone the body produces in small amounts when reacting to immediate

stress. Adrenaline increases energy and alertness when we need a short burst to escape immediate danger (fight or flight). It causes us to temporarily lose the desire to eat or experience hunger, which is also part of meth's allure in our dashboard-ab focused culture. While adrenaline clears out of our systems quickly and seems related to feelings of fear and panic, meth remains active in our bodies for a far longer period of time, while tending to evoke feelings of pleasure and excitement.

Ingesting meth (and other amphetamines) also causes the user's body to release large amounts of dopamine, a neurotransmitter associated with feelings of pleasure. (Neurotransmitters are chemicals that brain cells use to communicate with other brain cells.) Consequently, meth use creates an almost instant feeling of euphoria, along with a greatly increased libido. Meth users say they get a clean, unique high that can't be duplicated by other drugs. Unfortunately, repeated meth use depletes the brain's storage of dopamine and destroys the wiring of dopamine receptors. Eventually, meth addicts are unable to experience simple pleasures without being high—a condition known as anhedonia. This mild form of ongoing depression is one of the biggest challenges to achieving amphetamine sobriety for regular users, as the brain can take a year or more to rebound from this condition.

Meth binges are called "tweaking." When tweaked, a user can stay awake for days or even weeks at a time. Sometimes episodes don't end until the user is arrested or hospitalized for psychosis, or their body can't function and simply "crashes." When crashing, the user experiences the opposite of a drug high. Depression and fatigue rule, sex is completely uninteresting, and most people end up sleeping for days at a time. As such, the drug causes serious mood swings—the euphoria, increased libido, and nervous energy apparent when tweaking contrast sharply with the fatigue and irritability displayed when crashing.

Meth is by far the most dangerous and troublesome drug to have infiltrated the gay community to date. Often called “the sex drug,” meth is the party favor of choice for anonymous sexual activity in social settings like sex clubs and/or with people met online. Like all amphetamines and forms of speed, meth gives users extended feelings of euphoria, intensity, and power, along with the drive to intensely focus on whatever is at hand. If cleaning houses while you’re high on meth is your thing, then you’re up all night, feeling fabulous, energized, and creative with every swish of that sponge—at least until you start coming down and the drugs run out. The drug allows users to keep being sexual for an entire day—even two or three—without sleeping, eating, or coming down, especially when Viagra is added to the mix. Safe sex is often not a priority for the heavy drug abuser who has multiple anonymous sexual hookups for dozens of hours at a time. One recovering addict reports, “When I do crystal meth, the sex just goes on forever.” Another states, “There’s no real connection, no caring, no emotion involved and quite frankly I don’t really care who they are or even what their names are; I just want to fuck.”

Known on the street as meth, crystal, crank, tweak, speed, ice, ice cream, Tina, and tweedy, methamphetamine is sold legally (with a prescription) in tablet form as Desoxyn, FDA approved for the treatment of ADHD and exogenous obesity. More often, though, it’s cooked in makeshift labs and sold illegally as a powder or rock. The powder can be snorted, smoked, eaten, dissolved in a drink, or heated and injected. The rock is usually smoked, though it can also be heated and injected. Widely available in the 1960s, meth faded in the 1970s when cocaine took its place as the new party drug of choice. Crack cocaine dominated the 1980s, along with designer drugs like Ecstasy. In the mid-1990s meth began a comeback, and it seems to be here to stay.

The mental health director of a major GLBT community services center offered these thoughts on her meth-addicted clients:

Once you've experienced that mood state, you just want to have it again and again. Unfortunately, when you come down—after there's been such a stimulation of the brain chemicals that regulate your mood when you're using—you are amazingly depressed, which of course is part of the addictive cycle.

We have a lot of weekend users. They'll use for maybe forty-eight hours, go to work feeling like hell on a Monday, not really feel good again until Wednesday or Thursday, and then they do it again the next weekend. A drug this powerful can definitely have permanent side effects. It actually changes your brain chemistry. It stimulates the neurotransmitters that cause you to be in a good mood, but then when you stop using the meth your body has to replenish those neurotransmitters, and that's hard to do. So after consistent use, you've actually changed your brain chemistry.

I have one client—a ten-year user—who's now been off for about a year, but he still has unbelievable cravings. Because that's part of it, too—it's the ritual. There's addiction to the ritual with the way you use, and then you pair it with the sex, which is a tremendous reinforcer.^{[10](#)}

Larry, a successful software engineer living in Silicone Valley discussed his experience with meth and how it differs from other drugs that he has used in the past.

Having sex and partying had never really been a problem for me. Throughout my life, I've been cool with drinking and doing drugs and having sex. I've even done crystal meth, and it was never a big deal. Drugs and alcohol made me feel more comfortable having sex with

people I didn't know well. When I got home, I didn't crave alcohol or drugs.

It wasn't until Greg and I broke-up that I started doing meth more and more. It started pretty innocently. As I began spending more and more time on Grindr, I kept seeing guys who were into "PnP" which is a code for "Party and Play". While sometimes it implied drinking or doing cocaine, most of the time there was meth involved. And that's when things really began to change and my life spiraled out of control.

Like many gay men, Larry found that meth made him want to have sex—a lot of it, for extended periods of time.

Eventually, I found myself calling into work sick and when I was at work I couldn't function. I felt so paranoid and thought everyone was out to get me. And time became so elusive. I'd go out on my lunch hour to hook up with some guy on Grindr and never would make it back to work. I kept saying, "I've got to go," but once meth was in the mix, hours would go by and I'd still be there. Eventually, meth just took over my life. I couldn't live without it. I would do whatever it took to get it.

Larry noted he often had sex with men he would never have considered. Because meth was cheap and easy to get, Larry never had to buy it, since his Internet and Grindr hookups were always willing to supply it.

Meth use combined with sex led Larry to abuse other drugs as well. To counteract "crystal dick" (drug-induced impotence), he said that everyone was taking Viagra to maintain their erections. Some of the "bottoms" used a syringe to inject meth or painkillers into their anuses for a "booty bump," which allowed them to perform without any pain for hours. Many of his sex partners offered him sleeping pills to help him come off the high.

Soon a need for meth crept into Larry's daily life, and he started using it just to get to work every morning.

People who use crystal and other forms of speed whenever they are having a lot of sex report having a very difficult time returning to patterns of sexuality or intimacy not related to drug use. Effective treatment must address not only the substance abuse but also the addictive, intensity-based nature of the affiliated sexual encounters.

MULTIPLE ADDICTION PATTERNS

In the world of addiction medicine there are two major areas of concern: addiction to substances and addiction to problematic behavior patterns. Substance addictions involve abuse and/or dependency on chemicals such as alcohol, nicotine, prescription, and illegal drugs. Behavioral addictions, often called "process" addictions, involve problematic repetitive patterns of behavior involving pleasure-inducing activities such as gambling, work, overeating, spending money, or having sex. Drugs of abuse and potentially addictive behaviors trigger similar dopamine responses in the brain, though drugs induce this pleasurable reaction simply by being ingested—whereas process addictions use fantasy to excite the brain's reward center.

The biochemical pleasure process that allows self-induced abuse of the brain's pleasure center is key to the development and maintenance of both substance and process addictions. People who struggle with early-life or adult emotional trauma, anxiety, low self-esteem, poor social skills, and depression can turn to fantasy and rituals surrounding arousing and pleasurable activities (like gambling or sex) and, in doing so, unconsciously learn to abuse the brain's dopamine response. These activities allow them to more readily cope with stress and/or escape from emotional pain. Yet repeatedly using a substance or an intensely pleasurable activity in this way "teaches" the brain it can feel better right away by taking more drugs or

starting down a road of fantasy toward pleasurable behavior. Over time, the brain adapts and begins to anticipate an arousal/pleasure-based form of distraction and soothing.

As discussed here, some people may struggle with both behavioral and substance addictions simultaneously. Using drugs and alcohol can reinforce addictive sexual behavior and vice versa. Substance abuse and sexual behavior can become intertwined in the following ways:

Escalation: Using amphetamines or cocaine with sex can increase the type or frequency of sexual activities. One addict explains, “I was never into multiple partners until I started snorting crystal and drinking. Then, after a while, I just didn’t care who or how many guys did me. I also used to be really careful about what I put inside me, but now, if I get high enough, I just want it.”

Fusion: Drug use and sex become fused. Sex is no longer interesting or fun unless drugs are used. One man explains, “No sex compares to sex when you’re doing crystal meth. I don’t even bother having straight sex anymore. I tried a few times, but I can’t even get it up; it’s boring. Now I just wait till the weekend when I can do some bumps. Then I fire up Manhunt and start looking to hook up.”

Linking: Drug use and sex are linked in patterns of behavior. In other words, you become accustomed to getting high in certain ways as a part of your sexual ritual. One addict shares, “When it comes to hooking up with other guys, I never go out unless I am pretty high. I drink at home until I feel ready, smoke some dope; then I go out to the bar to try to meet somebody. But I don’t drink or get high if I am just masturbating to porn; I do that just to get off.” For most sex addicts, the ritualistic hunt, chase, or search that precedes the actual sex act

can be the most addictive part of acting out. These rituals can elevate the sex addict's mood for days on end. Drug abuse not only adds to this high but also disinhibits the user, leaving him more willing to go along with sexual acts or situations he would avoid if sober.

Switching: Some addicts, attempting to eliminate their substance or problematic behavior pattern, can switch from the abuse of one to another. For example, Frank tried to deal with his heavy use of male prostitutes by attending sexual recovery Twelve Step support groups, and over time his sexual acting out stopped. However, soon he began gaining lots of weight. Frank literally traded (switched) the emotional rush provided by his previous addictive sexual activity for the bloated, dissociative calm he feels when binge eating late at night. Alcoholics and drug addicts frequently switch one substance for another, blaming one specific drug or type of alcohol for all of their problems instead of dealing with their substance use itself as the primary issue. "I'm going to stop drinking so much beer, as I'm gaining a lot of weight, but wine seems like an okay choice."

Bingeing/purging: Some addicts attempt to deal with sex or drug addictions by swearing off a particular substance or behavior altogether, thinking that will solve their problem. For example, following his second lewd-conduct arrest in a public park, Jorge convinced himself that his real problem was letting himself give in to having sex with men. Jorge wasn't able to distinguish a sexually addictive pattern from his internalized homophobia. Feeling intensely shameful due to an ongoing pattern of having sex with strangers and having been arrested for it, Jorge concluded the solution for this would be to eliminate sex (with men) altogether (purging) and embrace an intensely devout religious practice (switching addictions). Not surprisingly, this

“cure” lasted only a few weeks. At first Jorge was euphoric and relieved; he felt he had solved his problem by re-embracing God and his early religious upbringing. But one day after a particularly stressful workday, he went out for a few drinks and before he knew it, the dam burst. There he was cruising the same park where he had been arrested twice before.

WHERE TO BEGIN: SUBSTANCES OR BEHAVIORS?

Drug and alcohol addictions are critical problems that nearly always have to be eliminated before process and fantasy-driven addictions such as sex, overeating, or gambling can be addressed. Getting stoned, drunk, or high weakens judgment to the point where you often cannot remain committed to other boundaries you have set. Without getting sober first, it is unlikely you will change your sexual behavior for very long.

One exception to the rule of “getting chemically sober first” applies to addicts who have so fused drug and sex addiction that they cannot remain sober from drugs and alcohol because of their sexual activities *and* they cannot remain sexually sober because of their substance abuse. These addicts need to address both *at the same time* to stay sober on either front.

Many lifelong patterns of drug and alcohol abuse mask underlying emotional concerns, which are difficult if not impossible to understand until the user does get sober. Jeff was one year into recovery through Alcoholics Anonymous when he told his story:

I guess, looking back, it sounds funny, but I never really knew that I was an alcoholic or drug addict. I mean I drank almost every night, but usually just wine, like with dinner, you know. That made it easier to deny. And then of course there were the martinis—apple, chocolate,

whatever flavor was on at the bar. I mean everyone was drinking those. I just had a few more than everyone else did—and of course whatever drugs were around to go with the drinking—but it always seemed manageable.

But over time there were just too many ugly mornings waking up with guys I didn't know or didn't want to know. Too many days having to face the morning sun after a 24/7 Grindr and crystal weekend. Or the multiple times I had my wallet stolen, the angry fights, and disappointment from friends and lovers who eventually withdrew from me. And then there were the numerous 3 to 4 a.m. strange-neighborhood strolls after sex, trying to figure out exactly where my car was. It all stopped being fun and just got more and more serious.

Even though I spent some time in counseling and therapy, no one really suggested that I should stop drinking or using. It wasn't until I tried to change my sexual behavior that I saw it. Then there it was, right in my face. As hard as I tried, as many promises as I made to myself—to start dating or to get to know the guys I was having sex with—as soon as I would have a few drinks or get high, I was right back where I started. I couldn't stop hitting on guys in bars, booting up Grindr, cruising the Internet for sex, or heading out to cruise the streets.

Once I got clean and sober, I realized I had never really felt comfortable hooking up with men unless I was high in some way. Without substances, I often felt shy, uncertain, and withdrawn. I certainly didn't like sex as much sober. Most of my adult life I had only gotten off with men when I was loaded because that was when I felt most comfortable having sex.

Jeff's long-standing problems with sex and relationships forced him to come to grips with his drug and alcohol

addiction. He was then able to effectively address his sex addiction, but only after he got chemically sober. Jeff will, however, always need to keep a watchful eye over his future sexual activities, since going to the wrong place or person for sex can readily lead him back to drugs and alcohol—just as relapse from drugs or alcohol can easily lead him back into problematic sex.

DEALING WITH MULTIPLE ADDICTIONS

Clearly, some sex addicts have related addictions that have to be tackled simultaneously if they want to fully halt their obsessive and addictive patterns of sexual acting out. Consider the man trying to get sober from cocaine abuse who is also addicted to the thrill of seeing prostitutes. Perhaps for a time he is successful at refraining from smoking crack, only to relapse when a prostitute he hires is either using drugs or seeking them.

We see a similar plight in the experience of an addict trying to escape a crystal meth problem who continues to have anonymous sex in bathhouses or with strangers met online. How can he stay sober when his bathhouse and online hookups continually lead him back to the same places he always found meth and Ecstasy?

Men who identify with these scenarios may need to deal with both drug use and sexual choices simultaneously for recovery to take place. This means the man with multiple addictions has to do more than simply stop using a substance. If he is serious about change, he will have to change his sexual habits and many of his daily patterns of behavior (preening in the gym locker room, dressing seductively, picking up strangers, and so on). Most likely, he will have to distance himself from friends who may unknowingly have encouraged or indulged his past addictions.

ARE ALCOHOL/DRUGS A PROBLEM FOR YOU?

Following are eight signs and characteristics that doctors and addiction specialists use to identify, diagnose, and treat all addictions. This list may be useful in determining whether more than one problem lurks in a complex pattern of addictive behavior.¹¹

1. Addictions tend to *escalate* in several ways:
 - Increasing amounts of the potentially addictive substance are ingested, or increasing amounts of time are spent on the potentially addictive behavior(s).
 - Increasing amounts of time are involved in preparation for using or acting out—sourcing drugs, looking for sexual partners, and so on.
 - There is a preoccupation to the point of obsession with the substance or behavior.
2. Addictions tend to have *serious consequences*—which are usually minimized or denied by the user—in multiple life areas such as work, relationships, health, and finances. Yet having an addiction implies continuing to abuse the substance or behavior despite past negative consequences.
3. Addicts often have a history of *failed attempts to control or limit* problem behaviors or quit one substance only to exchange it for another.
4. Most addicts use *in secret* and/or only the user knows the full extent of his use or activity.
5. Addictions are often accompanied by underlying *feelings of shame*, which are exposed if the user's behavior is discovered.
6. Addiction to substances or behaviors often results in a slow decline in previous functioning. Eventually they end up *failing to fulfill major obligations* at work, school, or home. These include repeated absences or poor work

performance related to substance use or sexual activity or both; neglect of primary relationship or family.

7. Addictions can be acted out in situations that *put the user and/or others in physical danger* (driving a car when impaired or risking HIV transmission). But this does not dissuade them.

8. Addicts suffer cravings and/or withdrawal when stopping their substance or behavioral abuses. They often have an overwhelming desire to again use the substance or behavior and will find ways to talk themselves back into using or acting out despite previous promises to not do so.

TEST YOURSELF

One way to determine whether you're addicted to a behavior or substance is simply to take some time away from it. A written commitment to limit or eliminate the use of a substance or problem activity for at least thirty days will provide good insight into what function this activity actually serves in your life and whether your relationship to it is addictive (or just characteristic of a bad habit).

Many addicts prevent themselves from getting well by switching from one problematic substance or experience to another without realizing it. With this in mind, make careful note of any new or unusual behaviors that pop up during your thirty-day time-out. Be accountable and tell someone else you are taking a "time out."

Share your concerns about your drug use, partying, spending, eating, sexual activity, or other behaviors with close friends or family *who are not involved in these activities themselves*. Explaining your behaviors to someone who cares about you invites important, objective feedback from someone who can see through your denial and secrecy. This strategy affords you more support than if you were to simply try to make changes on your own.

Finally, some people with drug and alcohol addictions—or with severe problems such as bingeing/purging food, compulsive exercise, and steroid abuse—may require the intervention of a medical professional. Others may require specialized support from fellow addicts in various Twelve Step programs and/or the help of an addiction specialist, psychotherapist, or the structure of a more formal treatment program. Note that if you are seeking to take a timeout from getting high, that certain drugs cannot be simply stopped cold. Heroin, certain prescriptions and even heavy alcohol use/abuse all require monitored detoxification. Seizures and even death can result if you don't. See an addiction medicine professional if you are attempting to stop substance abuse.

This chapter has detailed how addictions start and the criteria for addiction. It may be surprising for some people to discover that addiction to substances and problematic behaviors have the same elements. Be aware of the risk of multiple addictions. In the next chapter, we'll focus on sex addiction and where to begin if you determine this may be a problem for you.

CHAPTER SIX

Getting Started: Creating a Sexual Boundary Plan

Most nonaddicts find it fairly simple to make permanent changes in problem patterns of sexual behavior. They do it by saying, “Just say no!” They stay away from certain places, stop hanging out with particular people, throw away certain magazines, videos, and online or club memberships. They delete certain phone apps and block some numbers too. They learn new habits and get it together. Sounds easy, right?

Well, the directions of what to do are fairly painless. However, for sex addicts, following through and maintaining change related to these simple ideas is anything but straightforward and simple. Consider Chris, who was addicted to cruising and hooking up for anonymous sex with men he met online:

I made endless promises to change my behavior—promises to myself and promises to my spouse. And I would do some of it too—stuff like throw away porn, delete apps, un-join online memberships, etc. And yet over time, especially once the heat of a particular crisis would pass, my commitments and resolve would fade away and there I was back where I started in the first place. It was an endless cycle. I felt like one of those caged hamsters on a wheel, going round and round, yet getting nowhere.

Though Chris may be quite successful maintaining day-to-day commitments in other areas of his life, he—like other sex addicts—suffers from impulsive and compulsive patterns of *impaired thinking* related to romance and sex. Therefore,

sex addicts cannot solely rely on their judgment and decision making. On Monday, waking up in a good mood, Chris may be very determined to stop acting out, but by Wednesday, feeling stressed and uncomfortable, he may cross every sexual boundary he ever made for himself—and then some.

This is perhaps the most difficult challenge for any recovering person to accept: he simply cannot on his own make *and maintain* healthy changes in one of the most deeply personal areas of his life. Addicts committed to long-term transformation must follow a carefully defined written plan and—more important—make consistent use of helpful friends, professionals, and other people in recovery. The painful truth beneath these facts: *Addicts cannot stay sexually sober without maintaining ongoing outside support.*

FIRST STEPS: MAKING AN ACTION PLAN

The first step to take after you've determined that you have a sex addiction problem is to create a written plan of action, one that separates addictive, self-destructive sexual behavior from healthy sexuality. This is how *sexual sobriety* is defined.

To recover, you must have a clear bottom-line definition of sobriety. While the sober alcoholic or drug addict abstains from the use of all mind-altering chemicals—sex addicts have a somewhat more challenging task ahead. For them, sexual sobriety means only being sexual within preset, agreed-upon written boundaries.

Much like those with eating disorders, the sober sex addict is not asked to give up sex entirely! Just as former binge eaters or bulimics must learn to integrate healthy eating into their life, sex addicts must create and follow an individualized plan of healthy, life-affirming sexuality. This chapter is dedicated to creating such a plan for healthy sexuality and intimacy for gay male sex addicts.

Again, recovery from sex addiction does not mean eliminating sex from your life. And who would want that kind of recovery? Although it's often wise to take a short timeout from sex in the early stages of recovery, the ultimate goal is to embrace a healthy and vibrant sexual life—free from shame and secrecy.

Alcoholics define sobriety as totally abstaining from alcohol and all mind-altering chemicals. Their sobriety date is the first day they stopped using drugs and alcohol. Thus, they have a clear start date from which to measure their length of sobriety.

Sexual sobriety, by contrast, is creating a personal contract, one that is developed by the sex addict in mutual agreement with a safe, supportive person who is fully aware of his past history. It may be a Twelve Step sponsor, an addiction counselor or psychotherapist, reliable friend, or clergyperson. While you can show your spouse the final plan, be accountable to someone other than your partner because his feelings about the process may get in the way. (Example: *Why do you need a plan? If you loved me, you wouldn't do these things—so maybe you just don't love me....*). These written sobriety contracts, also called Sexual Boundary Plans, describe carefully defined, concrete behaviors from which the addict is committed to abstain.

Eli, a recovering sex addict, says:

I really always knew what was okay for me to do sexually and what was not okay. But often in the "passion of this or that moment," I would bend the rules, saying to myself, "It's just this time." The behavioral boundaries I made up in my head were perfectly clear right up to the moment I ran into some hot guy that I couldn't resist. Then all the rules and agreements I had made went out the window. Finally I realized that I had to actually write down a sexual boundary plan with the help of a close friend who

understood my problem, and once I agreed to be accountable to that plan by checking in with him daily, I finally began sticking to my commitments. The day I did that was the day my recovery really began. Alone I was lost to my shifting desires and impulses.

Making a plan or contract reveals the times and places where I am vulnerable to sexual acting out. I can remember telling myself a hundred times that I wouldn't go have sex in the gym showers, but then I would go there "just to see who was there" or "just to check out the scene." Every single time I ended up having sex there anyway. Looking back, what a big surprise! A written sexual boundary plan helped me see that I wasn't the failure I thought I was. I had just been lying to myself and in denial. I needed help from someone else to change.

THE SEXUAL BOUNDARY PLAN

The process of defining your sexual sobriety begins by identifying those sexual or romantic activities that cause shame, that you keep secret, and that are illegal or abusive to others.¹² All successful sexual recovery plans include clearly defined boundaries. Some early plans are very simple written agreements, such as

- no sexual or romantic activity of any kind outside my committed relationship
- no sex in any public places or situations where I could ever be arrested
- no paying for sex

Definitions of recovery most often evolve over time. One man's comparatively complex commitment may be: "Sexual sobriety means I do not date anyone who is in a heterosexual marriage or in another relationship, anyone whom I would not introduce to friends, or anyone who is abusive or emotionally unresponsive to me." A somewhat

simpler plan states: “I am sober as long as I do not go online to find sex in any form.” When developing your contract, keep these guidelines in mind:

- Start with a written definition of a sexual behavior or set of them that are no longer acceptable to you.
- Review your boundaries with a trusted person.
- Be willing to take their feedback. You may have missed or misjudged something.
- Be accountable to that trusted person for the plan you have made.

WRITING A COMPREHENSIVE BOUNDARY PLAN

The foundation of any evolving sexual boundary plan must be a set of goals, beliefs, and principles that consistently support your commitment to the plan. If you don't fully address the concerns that brought you to recovery in the first place, then you are bound to fail. Before writing out a detailed sexual boundary or sobriety plan, make a short, clear list of all of the reasons you want to make changes in your sexual behavior.

Use Eli's goal list below as an example. Note that he included not only negative things he wanted to avoid, but also some positive directions he wanted to incorporate into his evolving life.

Goals (the underlying reasons for change)

- *I never want to get arrested again.*
- *I never want to be asked to leave the gym again.*
- *I never again want to worry about becoming HIV positive.*
- *I want to date.*
- *I don't want to lie to anyone about anything anymore.*
- *I want to stay away from any situation that might involve party drugs such as meth.*
- *I want to go back to school and finish my degree.*

Now it's your turn. Write down eight of your goals in exercise 6.1 in the Activity Appendix.

Creating a sexual boundary plan becomes easier after writing down your goals. It provides a good start on structuring a plan that deals with both the addictive problem and related areas that need attention. There are three levels of boundaries to consider when making your plan. Read on to learn how the inner, middle, and outer boundaries differ and why they are so important in creating a sexual boundary plan.

CREATING AN INNER, MIDDLE, AND OUTER BOUNDARY PLAN

The Inner Boundary: This is the absolute definition of sobriety—your bottom line. *The inner boundary defines the most damaging and troublesome behaviors that you can no longer tolerate.* These behaviors (not thoughts or fantasies) are the bedrock issues that define your sobriety. If you engage in any of them, you've had a slip. These absolutely include but are not limited to

- illegal sexual activities
- sexual behaviors that violate the rights of others
- intensely compulsive sexual activities that repeatedly threaten your emotional or physical health
- sexual or romantic situations that violate agreements or commitments made to partners or loved ones

The Middle Boundary: These are the actions or situations that you know will lead back to acting out sexually. *The middle boundary lists people, places, and experiences that can "trigger" your sexual acting out.* This helps to define situations that can "set you up" to engage in problematic sexual activity. Warning or danger signs might include

- certain gyms where you always "end up" going into the steam room

- apps used for hookups or drugs that have historically led you to sexual acting out
- former sex buddies
- past lovers who are now only in your life for sex
- nonsexual stressors that can contribute to compulsive behavior, such as overworking, no exercise, lack of sleep, poor self-care, excessive worry over finances, and difficult family relationships

The Outer Boundary: *The outer boundary establishes the rewards you can expect from making these difficult changes and avoiding impulsive and addictive sex.* It offers inspiration and a concrete vision of the improvements and other positive things to come in your life. List experiences that bring you pleasure, but not necessarily sexual pleasure. One of the first things every recovering sex addict gains more of—especially at the beginning of the recovery process—is time. All the time and energy that went into cruising, flirting, and sexual acting out can now be used on other things. The items on this list can be immediate and specific like painting my apartment, taking a comedy class, or going to more movies. Or more long-term and/or less tangible like beginning to really understand my career goals, studying meditation and journaling, or having a better relationship with my friends.

This list should reflect a healthy combination of work, recovery, and play. If working out every other day, going to support groups three times a week, and seeing a therapist regularly are going on your list, then you need to balance this with spending time with friends, seeing movies, and pursuing creative hobbies. It's important that healthy pleasures (fun) take up some of the time formerly devoted to intense sexual acting out.

Eli talks about how finalizing a sexual boundary plan helped simplify his sexual choices:

Though I found it quite frustrating at times, once I had the plan set up and got some good feedback on it, I got a whole lot clearer about why I was doing all this. I began to see that I have been clearly missing out on important parts of life. My plan helped me to eliminate the number one previous challenge to my staying sexually sober: impulsivity. With this written plan in place, I stopped making sexual decisions based on how I felt in the moment. Instead, I started making life decisions based on a plan that has its foundation in my ongoing belief system. Over time the plan has become my “gold-standard” reference tool for life—not just sex, intrigue, or romance.

SAMPLE BOUNDARY PLANS

Following are two sample plans offered as a guide to help you create your own plan. All plans vary according to the needs and situation of the person making it. Some things may seem redundant, but it is necessary to be extremely *thorough and detailed* in defining your plan rather than overly general. A plan is never complete until it has been “approved” through earnest, honest conversation and a firm commitment between you and at least one other recovering person, therapist, clergy, or trusted friend. And you should not alter this plan or act outside of it unless you have first consulted this person and have his or her agreement (not just in a text or email).

Sample Plan 1: Eli’s Sexual Boundary Plan

All Eli’s boundaries are based on goals he stated in the Activity Appendix.

Eli’s Inner Boundaries: Bottom-Line Behavior (Sexual Behavior Only)

The inner boundary defines the most damaging and troublesome behaviors that you can no longer tolerate.

1. I will not go into wet areas of the gym (sauna, steam room, shower, or whirlpool). I will shower at home.
2. I will not go to any sex clubs or bathhouses, adult bookstores, xxx theatres, or sex shops.
3. I will not cruise public places looking for sex.
4. I will not go to bars alone.
5. I will not have unsafe sex or sex (oral or anal) without using a condom.
6. I will not use “friend finder” apps.
7. I will not have sex with a man without knowing his first and last name.
8. I will not have sex with someone without knowing him for at least two hours.
9. I will not have sex in a public place.

Eli’s Middle Boundaries:

Warning Situations and Signs of Trouble

These behaviors jeopardize my sobriety and emotional stability. Before I do them, I need to reach out for help.

1. Cruising the gym workout areas without talking to people
2. Going to the park or mall alone
3. Drinking or getting high at home, then going out
4. Lying and keeping secrets
5. Loading a “friend finder” app on my phone
6. Isolating, not returning phone calls
7. Having a weekend ahead of me without plans
8. Fighting with my boss
9. Spending more than a few hours with my parents
10. Not going to therapy or my support group
11. Not getting enough sleep
12. Skipping meals
13. Obsessing about my weight and appearance

Eli’s Outer Boundaries

The rewards and maintenance steps that will help me keep my sexual sobriety and enjoy life.

1. Attend Twelve Step meetings three times a week
2. Start planning weekly volleyball game with friends
3. Consider joining a gay team
4. Plan and create evenings/meals for family and friends
5. Spend time with my nieces more often
6. Take twenty minutes for yoga, meditation, or journaling (my choice, daily before work)
7. Start opening the door to dating. Plan coffee dates only to start
8. Work out every other day (no weekends!)
9. Make a phone list of other recovering guys and use it
10. Meet with a financial advisor
11. Go to art shows with friends and save for an annual art purchase

Sample Plan 2: Josh's Sexual Boundary Plan

After being confronted by his husband, Allen, of nearly ten years, Josh, who has for many years struggled with compulsive masturbation to porn and picking up escorts, is ready to make some changes. Josh created this very different boundaries plan, one which meets his specific history and goals as well as serves both his ideal of sexual sobriety and Allen's wishes that he and Allen share a more open, trusting relationship.

Josh's Goals

1. I never want to be "found out" lying to Allen.
2. I no longer want to spend hours by myself masturbating alone.
3. I want to have sex with the man I love.
4. I don't want to be caught looking at porn at work.
5. I no longer want to feel shameful, alone, and scared—like I do when I am living a double life.

6. I don't want anyone at work or in my personal life to feel seduced or sexually pressured by me again.
7. I never again want to worry about potentially giving Allen (or anyone) an STD.

Josh's Inner Boundaries

Bottom-Line Behavior (Sexual Behavior Only)

The inner boundary defines the most damaging and troublesome behaviors that you can no longer tolerate.

1. No paying for sex in any form
2. No prostitutes, escorts, or sexual massages
3. No going to sexual chat rooms or viewing online porn
4. No sex with anyone other than Allen
5. No email or instant-message communication with anyone who interests me sexually or romantically
6. No masturbating by myself—masturbation is now a shared activity with Allen
7. No looking at porn magazines or going online for porn
8. No "checking in" with former sex partners by phone, e-mail, or any other way

Josh's Middle Boundaries

Warning Situations and Signs of Trouble

These behaviors jeopardize my sobriety and emotional stability. Before I do them, I need to reach out for help.

1. Lying or keeping secrets from anyone, especially Allen
2. Cruising the back of the local arts paper where there are massage and escort ads
3. Looking online at hustlers and bodybuilders
4. Going online after Allen and I have a fight
5. Going online after Allen has gone to sleep
6. Getting phone numbers of guys who I think are hot or giving out my cell phone number
7. Staying at work after everyone else has left
8. "Surfing" cable TV late at night alone hoping to catch something hot

9. Skipping my support group meetings or therapy
10. Saying to myself that I'll just look at the porn but I won't masturbate to it
11. Breaking commitments to myself, Allen, or others

Josh's Outer Boundaries

The rewards and maintenance steps that will help me keep my sexual sobriety and enjoy life.

1. Going to therapy on a weekly basis—both group and individual sessions
2. Attending my Twelve Step meetings
3. Being romantic with Allen by sending flowers, taking baths together, giving mutual massage, and making meals for each other
4. Investigating child adoption and going to gay parenting meetings
5. On the weekends, looking at houses to buy
6. Bringing our families together for meals, parties, and events
7. Taking a pottery class in the evening
8. Researching a return to school

After reviewing Eli's and Josh's sexual boundary plans, it is now time to create your own in the Activity Appendix (exercise 6.2).

KNOW YOUR RELAPSE TRIGGERS

A "trigger" to relapse is a specific person, situation, or experience that increases your desire to sexually act out. Triggers leave you feeling impulsive and emotionally aroused. It is *extremely important* to be clear about what triggers your desire to act out.

Before learning about sex addiction, many men will say that they would have sex because they were horny or because someone hit on them. They will cite no particular reason, the weather, or a certain mood as the rationale for

deciding to be sexual, even if doing so for hours at a time and for days on end.

Recovering sex addicts learn to identify the particular circumstances that leave them vulnerable to acting out by making a list and talking about them with a therapist or sponsor. They then create a specific *safety plan* to help them stay out of trouble when in those situations. If a sex addict feels triggered, this safety plan (best kept in a wallet or on a smart-phone list) will remind him who to call, where to go, and how to keep himself from violating his sexual sobriety.

While every man has his own particular triggers (examples of which are listed in the Middle Boundaries sections in the previous plans), the following are some generic triggers that put nearly every sex addict at risk of a sexual slip and increase the likelihood of sexual acting out:

Generic Triggers

- long periods of unstructured time alone
- unexpected periods of time alone
- traveling alone
- holidays and special events—especially where there are high expectations
- airports, hotel rooms, gyms
- visiting with parents or other relatives
- wet areas of the gym
- online bulletin boards, chat rooms, dating sites
- all “friend finder” and sex apps
- drinking and getting high on drugs
- working too many hours, not getting enough sleep
- driving long distances alone
- relationship problems—especially when feeling like a victim or burdened by the relationship
- financial problems
- driving or walking in red-light districts in urban areas
- stopping in public rest areas or truck stops

- hanging out alone in gay bars or coffeehouses
- spending time alone with willing and attractive men

Take time to carefully consider how you can avoid, set boundaries around, or otherwise improve these situations in your life.

Withdrawal

Withdrawal can be particularly triggering especially when it involves both emotional and physical discomfort. Like many drug addicts who quit using, sex addicts can experience withdrawal symptoms. Abruptly changing deeply engrained physical, emotional, and ultimately neurobiological behavior patterns is bound to produce some difficulties. This experience can vary in type and intensity, but there are some common characteristics many recovering sex addicts speak about related to withdrawal. If you have these experiences, talk about them with other people in recovery or with friends and family. They are normal, but if your discomfort is acute, talk to a professional counselor or therapist right away.

COMMON WITHDRAWAL SYMPTOMS

The Honeymoon

Some sex addicts entering recovery, especially for the first time, can have an initial “honeymoon” experience. Suddenly they lose all craving to act out sexually and feel as if they have been cured! Those who are brand new to the help, direction, support, and hope that comes along with early recovery will get so excited by the insights they’re gaining that they have a temporary absence of sexual obsession.

Other “honeymooners” are so shaken by whatever crisis forced them to address their sex addiction that they are still in the “never again” phase. While this break in sexual obsession can be an opportunity to gain knowledge, support, and direction and to practice getting help, it can

also be a source of false confidence. The desire to act out will certainly return—most likely stronger than ever—and if the sex addict doesn't anticipate this return, he may later think he did something wrong. The ebb and flow of addictive impulses are a normal part of the withdrawal process.

Switching Addictions

Switching from one compulsive behavior such as sexual acting out to other forms of addictive behavior is common among people who are just beginning their recovery. These may include gambling, overspending and intensive exercise programs. Others return to addictions long left behind, like smoking cigarettes or marijuana. For this reason, it is necessary in early recovery to write a full inventory of past behaviors or substance use that have an addictive potential, while actively monitoring them with insight from supportive others.

Emotional Longing and Craving

For some, sexual acting out masked long-suppressed emotions like depression, anxiety, and grief. Without constant sexual and romantic stimulation as a distraction, these emotions may manifest themselves in feelings of unbearable loneliness, needfulness, or unhappiness. Many in early recovery describe longing for some relationship they feel they will never have or feeling like there is something missing that they cannot find or locate. These feelings are completely normal. However, if you find yourself avoiding daily responsibilities like work or family commitments, taking poor care of yourself, or actually having fantasies about not living, get professional help immediately.

Irritability

Some sex addicts in withdrawal experience a great deal of irritability in response to normal, everyday challenges. Just as some emotions that were previously masked by sexual

acting out are depressive in nature, other feelings can more closely resemble anger or frustration. It may be a good idea to warn close friends and family about this. This will help them be more tolerant of your behavior while also taking your anger less personally. If you can deal with these difficult feelings without getting fired or kicking the cat, there is much to be learned from them. It's common for active sex addicts to avoid certain types of confrontation or to repress their angry feelings, only to act them out later sexually. Learning what provokes your anger and how to manage it constitutes an important step toward better self-care and better relationships.

BOUNDARY PLANS AND LONG-TERM RELATIONSHIPS

If you're currently in a sexual and romantic relationship, your sexual boundary plan will affect your intimate life with your partner. How much will depend on whether he is aware of your sexual acting out and what kind of sex the two of you have been having. For example, if you committed to be monogamous and he didn't know about your acting out sexually, then he probably won't notice much difference in your sex life when you begin following your boundary plan. If, however, you and your partner have previously been in an open relationship involving threesomes or other types of sex that might now compromise your sexual sobriety, your partner will clearly know about the changes you're making to stay in recovery. In this case, you will need to come clean about your addiction and help him understand why you now are seeking to change patterns of sexual behavior that you previously shared. Sex addicts do not successfully "sport-fuck" or carry out anonymous/casual sex without quickly getting into trouble.

Single men will develop a sexual boundary plan based on the kind of sexual and romantic life they want to create for

themselves in recovery. The man who has little interest in dating or monogamous relationships will develop a very different kind of plan from the guy who is looking for the ultimate boyfriend and, eventually, marriage. Relationships, dating, and sexual recovery will be discussed more thoroughly in upcoming chapters.

SEXUAL ABSTINENCE

Some sex addicts have over time become so enmeshed in the compulsions and rituals of their addiction that they can't stop acting out sexually without taking a complete time-out from sex for a period of time. Others—having spent most of their lives in endless patterns of flirtation, seduction, and cruising—need some time to develop new coping strategies and to get to know themselves better without being actively seductive or sexual.

Not surprisingly, those who take a timeout from sex may find themselves having to deal with uncomfortable and unfamiliar feelings of vulnerability and fears of intimacy—challenges they had managed to avoid for much of their lives. Like the newly sober alcoholic who often doesn't know how to enjoy a party without drinking, the sexually abstinent sex addict is forced to deal with underlying anxiety, depression, loneliness, fear of rejection, and lack of control over other people.

Actually, sexual abstinence itself is quite simple. It means no sexual activity *with yourself or anyone else* for a clearly defined period of time. This includes looking at porn, sex with any partners, any genital stimulation, or masturbation—all sexual activity. Sex addicts may commit to anywhere from thirty days to up to six months of sexual abstinence, sometimes starting with just a goal of a few weeks. A timeout from sex is *not a cure* for sexual addiction, but a cleansing, self-reflective step toward integrating healthy sexuality into your new life.

SEXUAL BOUNDARY PLANS—FINAL THOUGHTS

Sexual sobriety plans are designed to be somewhat flexible over time. Initial guidelines are not meant to be set in stone forever. You may spend a month or two with a particular set of sexual boundaries, eventually deciding that they need adjusting—in either direction. This is typical. However, changing the rules in your sexual boundary plan is not something to undertake without careful consideration *and outside consultation*. If and when you do make changes to your plan, you should always engage the help of someone who understands your sexual behavior history. Never change your sexual boundary plan just because you encounter some hot guy or sexy situation. Doing so is a form of acting out.

When looking for people to advise you on your recovery, keep in mind that you can always find someone to “sign off” on some sexual activity you still want to do or get them to agree that it “isn’t really a big deal anyway.” After all, having a lot of sex is just what all gay guys do right? ... No.

Remember that *the purpose of evolving this plan is not to justify or rationalize your previous behaviors* (or some version or them), but rather to bring your sexual acting out to a close. When looking for help, make sure you choose someone who fully understands your history and your concerns and who values the future you want to create for yourself. Find someone who is willing to tell you the truth and who isn’t afraid of your disappointment or anger. Remember, too, that at the start it’s not a bad idea to be a bit conservative about your sexual choices. You can always loosen up your plan later.

Your sexual boundary plan should be specific. It makes accountability easier. One characteristic of addiction, particularly for sex addicts, is difficulty in maintaining a clear focus on the big picture, when faced with the

immediate prospect of intensity, stimulation, and acting out. Unless you explicitly follow the specific written boundaries, you're susceptible to deciding "in the moment" what choices are best. Impulsive decisions made alone will rarely lead toward achieving the life goals you have set, but they can quickly bring you back into patterns of addiction.

These suggestions for creating a written sexual recovery (sobriety) plan will feel like a relief to some and ridiculously conformist to others. Some gays will balk at the idea of having concrete limitations on their sexual choices, calling the idea sexually repressive or even homophobic. Others will say these steps make life too difficult and get in the way of their fun or other life priorities. In truth, if fun and easy sexual choices are your goal, then sexual addiction recovery may not be your path. In reality some of the steps that a sex addict needs to take toward recovery and change will at times seem obvious, trivial, unfair, or just plain silly.

All addicts tend to resist change and resent control; it's in the nature of the beast. Consider that tolerating your emotional discomfort—rather than acting it out in anger or resentment—is a sign of emotional growth. Remember, too, that creating healthy change in sexual and intimate behavior over time *is* the objective, so adapting and committing to new sexual habits—even those that are initially uncomfortable or that feel like a sacrifice—will serve you better over time than the habits you have been using to deal with your problems.

You've learned a lot in this chapter and hopefully you've taken the time to actually begin to create your sexual boundary plan. Having a plan and sticking to it is the key to recovery. Withdrawal can be a painful process but leads to rewards that will assist you in being successful in your long-term recovery.

CHAPTER SEVEN

Seeking Support for Long-term Recovery

For some people, persistent patterns of compulsive and impulsive sexual acting out can escalate into a full-blown, self-sustaining sex addiction, much like recreational drug abuse can evolve into actual drug addiction for some. But at its core, sexual addiction is the most prominent symptom of the person's deeper struggles with relationship intimacy, self-esteem, and emotional stability. When sex addiction is seen this way, long-term healing should be understood as requiring more effort over time than simply creating and maintaining a plan for sexual sobriety, reading books, and finding accountability. Developing and implementing a plan of healthy sexual behavior is not enough on its own to effect long-term change in those who are truly sexually addicted. Beyond a necessary initial and ongoing commitment to sexual sobriety and accountability, recovering sex addicts must also address their (often unconscious and longer term) well-defended emotional challenges that fuel and energize their addiction.

The sex addict of any age who seeks long-term emotional healing must actively work to replace his past addictive behavior with a more robust sense of self and increased social interaction through healthy, supportive nonsexual and non-romantic relationships, a dedication to consistent self-care, and recreation. Whether through Twelve Step recovery, individual or group therapy, recreation and/or activity groups, the gay man in recovery must find stable, ongoing relationships to meet his healthy needs for validation, belonging, affirmation, and attention. Honest, open, nonsexualized, meaningful relationships with people

who accept, understand, and appreciate him for who he is are indispensable to recovery.

Engagement in and enjoyment of sustained, honest nonsexual friendships and peer support, especially in combination with recovery groups and/or creative adult fun and recreation, affirm the addict's healthy changes and help grow his emotional life. If isolation is a hallmark of active addiction, an intimately connected and actively involved support network of caring others—with no secrets or hidden agendas—is a hallmark of recovery. Actively engaging in long-term relationships that are healthy, honest, open, and intimate (not necessarily involving romance or sex) are a cornerstone of sustainable recovery.

YOU DON'T HAVE TO DO IT ALONE

Though many components of sex addiction recovery involve solitude and self-reflection—journal writing, reading, and meditation—nothing replaces the insight and accountability provided by supportive, integrated relationships of all kinds. Still, lovers and significant others are rarely the best people to turn to as *a primary source of support* in the early stages of recovery, mostly because they are too close to the problem itself to offer unbiased feedback and direction. So where does a recovering sex addict turn for help? Healthy recovery choices include

- Twelve Step recovery groups for sex addicts and sex addiction-based therapy groups
- ongoing accountability to someone other than yourself or a spouse for your sobriety
- individual psychotherapy or treatment focused on sex addiction
- ongoing relationships with supportive people who know all about your sexual behavior and who are willing to talk anytime when you need help
- careful scheduling of time—particularly on weekends, holidays, and when traveling

- a written sexual boundary plan
- making recovery a *primary life goal*
- reading self-help books and other addiction materials to increase your insight and knowledge
- planned committed time with spouses or partners as well as friends and family members
- writing in a journal
- physical self-care (exercise, nutrition, physician visits)
- a comfortable, clean, safe living environment
- maintaining a disciplined stress reducing schedule of meditation, mindfulness, physical exercise
- discovering or rediscovering what makes you laugh and feel alive and connected
- joining teams, choirs, spiritual groups, exercise groups, and recreational leagues like Meetup

While you may choose to try only some items from the above list, consider some outside your comfort zone. At a minimum, connect with other people who have traveled down the road you're on before. It is necessary, too, that people in early recovery find ways to have fun, laugh, and reconnect with life in creative, playful ways that can bring joy without sex or romance as a primary goal or focus.

WHY TWELVE STEP SUPPORT GROUPS WORK

The people best able to provide support and guidance are those with similar sexual problems—those also in the same healing process. *These people can most readily be found in Twelve Step recovery programs for sex addicts or through facilitated sex addiction-focused therapy groups.* Being solely involved in one-on-one therapy can be a helpful initial guide, but ultimately sex addicts need the support and the self-reflective “mirror” provided by other recovering sex addicts *in a group setting*. Having and utilizing a handy contact list in your cell phone of supportive fellow

recovering sex addicts is essential when the addict has an urge to act out, needs immediate help in a crisis, or simply wants support and guidance. Involving people like this in the process of long-term healing is vital to a recovering sex addict's success.

The single place where the most useful tools for achieving and maintaining sexual sobriety can be found is in the rooms of the Twelve Step self-help programs for sexual addiction recovery. Many such programs are available, and nearly all are based on the Twelve Steps of Alcoholics Anonymous (AA). Sex Addicts Anonymous (SAA), www.saa-recovery.org; Sexual Compulsives Anonymous (SCA), www.sca-recovery.org; Sex and Love Addicts Anonymous (SLAA), www.slaafws.org; and Sexual Recovery Anonymous (SRA), www.sexualrecovery.org, among others, are all nationwide recovery programs for sex addicts with both live and online meetings. Some meetings are open to anyone wishing to attend, while others are open only to those who identify themselves as sexually addicted. As some meetings are gender or GLBT specific, it is best to check ahead by calling the group's local hotline number. Each of the programs proposes a slightly different definition of sexual sobriety and road map to recovery. SCA is generally considered the most gay-friendly program, while SA (Sexaholics Anonymous) tends to be the least inviting environment for gay men. SLAA, with its focus on love and relationships as well as sex, can often be a comfortable place for gay men to attend meetings, as SLAA tends to be mixed gender, which can encourage more open emotional interaction among members.

The Twelve Step sexual recovery program meetings offer multifaceted opportunities for peer support, shame reduction, and nonjudgmental guidance. They serve as an ongoing support community in which sex addicts can cultivate hope and change. The fact is, groups modeled after the Twelve Steps of AA have helped millions recover,

one day at a time, from alcoholism and a wide variety of other addictions such as pathological gambling, compulsive eating, and sexual acting out.

And yet walking into that first meeting can be one of the most difficult challenges for anyone seeking recovery. Many people are turned off by the prospect of attending or participating in this kind of support group. They fear they will be judged or will have to “spill their guts” in front of a bunch of strangers. Whether from ignorance, homophobia, shame, fear of discovery, or the misperception that Twelve Step groups represent some kind of “religious cult,” many addicts would rather “figure it out alone” than attend Twelve Step meetings.

Unfortunately, trying to “figure it out alone” is exactly what gets most sex addicts into trouble in the first place. While not all the answers to healing sexually addictive behavior are found in Twelve Step meetings, the fellowship is invaluable to addicts who are committed to healing. As such, *all sex addicts who are serious about getting sexually sober should go to Twelve Step sexual recovery meetings often* (at least as often as they were acting out sexually). At those meetings, they should get phone numbers and good contact times from other members who are willing to support their sexual healing process. Those who do best in recovery from sexual addiction are men who are willing to throw themselves into the recovery community by making friends, making and taking calls, helping with literature and meeting organization, and by being of service to others in need of help.

Twelve Step support groups are also available for partners, spouses, and even children of sex addicts. They function like Al-Anon, the main support group for families and friends of alcoholics. They include COSA, www.cosa-recovery.org, and S-Anon and S-Ateen, www.sanon.org. (See Support Resources).

Once people begin to regularly attend Twelve Step meetings, most quickly come to realize that their initial anxiety and resistance about attending had more to do with fear of the unknown than the reality of what occurs when you finally get there. Ed, whose story about cruising the gym for sex begins this book, recounts his experience in Twelve Step programs:

At first I felt like there was no way I was going to sit around with a bunch of sleazy strangers and talk about my sex life. I always thought those kinds of groups were sort of cultish anyway. And the last thing I needed was to have my boss or some friend see me walking in or out of one of those places.

But after a particularly shameful bout of acting out and some insistent urging from my therapist, I put my fear and ego aside and gave it a try. Most of the meetings were in fairly neutral locations, like church basements or community centers and were held early in the day, at lunchtime, or after work, so attending them wasn't difficult.

Most of the guys I met there were actually pretty friendly, and they didn't demand too much of me, just that I sit and listen to their stories to see if we had anything in common. Despite my initial skepticism, I liked the vibe almost from the beginning. It really touched me to hear other men, so much like me really, talking so casually about some of the sexual things I had been hiding for so long—secrets I thought I'd take to the grave.

I heard guys telling stories just like mine, but without all of my shame and self-hatred. Many of them seemed to have genuinely found a way to stop behaving in sexually addictive ways, and it was obvious they had acquired the tools they needed to keep it that way. Plus,

I could see them enjoying real friendships, laughing at their misfortunes and truly enjoying nonsexual intimacy. Once I started to feel what was possible there, I realized how much I wanted it for myself.

The more meetings I attended, the more hopeful I became. I began to see a way out for me. I got some phone numbers of guys I thought could give me direction and grudgingly began to reach out for help. Some of the other guys started calling me, too. What started out as a “have-to, but can’t stand it” became a “want-to, I love this” situation. Soon, I began to look forward to the honesty, encouragement, and lack of judgment I found at those meetings. Looking back, attending Twelve Step meetings was probably the single greatest contributor to my long-term sexual sobriety.

TWELVE STEP SEXUAL RECOVERY FAQs

Q: I’ve heard that sex addiction meetings can be homophobic and that I will not be supported as a gay man. Is this true?

A: Most meetings are gay-friendly, with a mix of gay and straight attendees. People who regularly attend Twelve Step meetings go there because they want to stop acting out sexually—not to push a political, moral, or religious agenda. The best thing to do is go to different meetings until you find a few that feel really comfortable and welcoming. Some meetings are specifically for gay men and will be designated as such on meeting listings. If you feel uncomfortable at “mixed” meetings, try the all-gay ones. That said, many find that attending sexual addiction meetings with straight men and hearing the similarities in their struggles can help heal old wounds related to past experiences of homophobia.

Q: I am concerned about being discovered at these meetings, that people will end up talking about me. How private is a Twelve Step meeting?

A: It's ironic that many of the very same men who didn't think twice about having sex in a gym shower or sexting their genitals to a stranger find it "too risky or embarrassing" to be seen at a Twelve Step sexual recovery support group held in a church basement! While it's true that these meetings are not bound to the same level of confidentiality as a therapy group might be, all participants in Twelve Step programs are committed to anonymity as part of their own recovery process. Many sexual recovery meetings are restricted to sex addicts only. This adds an extra layer of security for attendees.

Q: I don't want to have to talk about myself publicly, especially my sex life. Will they make me do that if I go to these meetings?

A: Other than asking you to introduce yourself by your first name, no one will expect you to participate in the meetings unless you want to. No one will ever make you share anything that you don't wish to discuss in public.

Q: Is it true that a lot of freaks and sex offenders go to these meetings?

A: A wide range of people attend sexual recovery meetings—from those who must participate in a Twelve Step program as part of a sentence for a sex-offense conviction to those seeking help for problems that are harmful to no one but themselves. Believe it or not, there is something to gain from hearing just about everyone's story. At the end of each meeting you can decide whom you would like to get to know better and whom you want to avoid. In most urban areas today there are multiple sexual recovery group meetings daily—so if you feel uncomfortable, simply choose another.

Q: Is there a lot of emphasis on religion in these meetings? I don't feel comfortable with all that God stuff.

A: All Twelve Step groups use phrases like “Higher Power” and “a power greater than ourselves” to help sex addicts put their faith in something beyond their own faulty thinking. The word “God” usually followed by “as we understand God,” creates a lot of leeway for people who struggle with organized religion and/or their childhood religious upbringing. The reference to “God” in the Twelve Steps is not directed toward a specific religious or belief system, but meant instead to unify the group and point out to each person there that he is not alone.

By the time most sex addicts go to a Twelve Step meeting, they have created so many problems and are so desperate for solutions that they truly need to begin to rely on something beyond their own ideas and willpower, and are willing to do so. Some new members start out by simply seeing the group itself as a power greater than themselves. Others think of “God” as an acronym for the kind of “**G**ood, **O**rdery **D**irection” offered at nearly every meeting. That said, nothing is ever asked of a newcomer other than the willingness to simply attend and incorporate into his own recovery whatever works for him personally.

Q: Is it true that sex addiction meetings are big places to hook up for sex?

A: If you’re a sex addict out looking for sex, you can pretty much find it anywhere. If you go to a Twelve Step meeting in major cruising mode, you’ll likely be able to persuade someone to be sexual—something most sex addicts can also readily do at a grocery store or convenience store. If you go to Twelve Step meetings listening and looking for those with long periods of sexual sobriety—people who can and will help you—that, too, is what you will find. In general, these groups are safe, supportive places to recover, where members even tend to be cautious with the language they use in their stories and histories in order to not “trigger” anyone else there. Meet with new members only in public

places like the meeting sites or a coffee shop. Avoid getting too involved with any one member too quickly, since falling into sudden, intense relationships is often a hallmark of sexual and romantic addiction. In this vein, it's best not to share too much too quickly with one individual.

Q: What is a sponsor and how do I choose one?

A: Sponsors are personal guides to healing and sobriety. They're usually not friends, at least to begin with, and they are never lovers. A sponsor is someone who has been involved with sexual recovery long enough to have achieved some success at sexual sobriety. He or she should visibly be involved with the recovery meetings and have worked on the Twelve Steps themselves. A reliable sponsor can provide an unrivaled means of support, direction, and stability when needed.

Choose a sponsor by finding someone whose process of recovery sounds stable, useful, and similar to what you want. If their life circumstances and experiences are a fairly close match to yours; this will help them guide you more individually. For example, if you're in a long-term relationship, a sponsor in a similar situation might be preferable to someone who's not. If you're HIV-positive, it might be helpful to have an HIV-positive sponsor. If your obsessive quest for sexual activity took place almost entirely online, you may want a sponsor who is familiar with the intricacies of Grindr, Adm4Adm, and streaming video, as opposed to someone whose acting out consisted primarily of cruising public parks and bookstores.

Asking for help takes a bit of courage. Approach your prospective sponsor and ask if he or she is available to sponsor someone. If so, then propose that the two of you meet to talk about the recovery process. If the person says no, don't take it personally or give up; just look for someone else to ask. If someone says no, it is not likely about you but rather their own availability or self-care.

Jeff, eleven months into his recovery, had this to say about sponsorship:

Getting a sponsor was scary at first, as I didn't quite know what kind of person would be right for me and I was afraid to approach someone for help. I was also afraid of "getting stuck" with the wrong person.

When I first started going to Twelve Step meetings, I struggled to find the courage to just get a few phone numbers. Then, actually calling people up and asking for help seemed like an impossible task.

Finally, finding one person—my sponsor, Patrick—who really got to know all about me and my problem made a huge difference. It gave me someone who was further along in the recovery process than I was to ask for direction and guidance. He also helped me better understand how to make the best use of the Twelve Step process, readings, Steps, etc.

Having a sponsor left me feeling like someone was there for me 24/7. So when that urge to act out came in the middle of the night, I could always call Patrick and he was there for me. More than once, making that simple phone call has kept me sexually sober and out of trouble.

SEVEN KEYS TO LONG-TERM CHANGE

Besides attending Twelve Step groups, there are other things you can do to be successful in your recovery. As any successfully recovering addict will tell you, the keys to changing addictive behavior are quite simple:

- accepting your problem
- meaningful motivation to change
- willingness to ask for help and take direction
- avoiding triggers and moving away from impulses
- staying motivated

- accountability, integrity, and honesty—even when uncomfortable and unfamiliar
- joining and remaining part of a recovery community

Those who are committed to avoiding a return to their sexual acting out are willing (not always happily) to tolerate rituals, groups, and situations that can be annoying and unfamiliar; they will tolerate uncomfortable and difficult feelings, while seeking guidance and accountability from people they barely know. They take this arduous path for one reason: they don't want to continue to suffer from an active addiction that is ruining their lives.

People who've experienced trauma as a consequence of their addiction—an arrest, health crisis, or loss of a primary relationship, for example—and *who've cultivated a real commitment to reclaiming their lives from addiction* are the ones most likely to stick with the recovery process and experience long-term changes in both their behavior and their outlook on life. Addicts who enter recovery to *appease* an upset boyfriend or boss, *accommodate* a court order, or *temporarily feel better* about themselves while continuing to act out sexually soon discover that living a hidden life while acquiring new self-awareness is very uncomfortable. At some point, they will have to fully commit to changing their sexual behaviors or stop trying. Otherwise, if truly addicted, they will inevitably end up returning to an ever-deepening downward spiral of compulsive sexual acting out and shame.

Twelve Step support is a great tool for long-term recovery and something you can try early in your recovery. Facing the challenges of recovery is much easier knowing you have the support of others who have been there before and others who are struggling just like you. It's an opportunity to join a group of people with a common goal—being sober. In the next chapter, we'll discuss the benefits of going to therapy.

CHAPTER EIGHT

Getting into Therapy

Seeking therapy in conjunction with Twelve Step support and sexual sobriety can be a highly productive and useful recovery step. The right therapy setting can provide a safe place to understand and integrate the feelings and challenges that can arise when changing lifelong patterns of behavior.

Finding the right therapist is key. In the not-so-distant past, medical diagnoses pathologized homosexuality, and even among highly trained therapists there's still prejudice and misunderstanding about what constitutes healthy gay sexuality. Because of this, choosing the right therapist is sometimes more difficult for gay men than straight men. Choose someone who has a balanced and supportive view of gay men and healthy gay sex along with a full understanding of sex addiction. Many gay men have faced well-meaning but clueless counselors or clergy who wasted their time and their money or, worse, provided counterproductive advice that, when followed, made their situation worse than it was before beginning treatment.

Jared describes his first psychotherapy experience:

I first went to therapy because I was having some problems finishing up an important project for work and I just couldn't seem to get past it. I thought a counselor might help me to understand why I was procrastinating so much. I had been depressed in a similar way around my schoolwork in college, and I felt like maybe I was getting depressed again.

The counselor was really nice, and we had some great conversations about my family life, my work, and my relationship with my boss. She seemed to really listen to

me and to care about helping me get better. Eventually, she asked what I was doing with my time instead of working, and I told her about Grindr. I even turned on my iPhone to show her the app, so she could see how easy it was for me to pick up men for sex. She honestly couldn't believe that I met men this way. When she asked how many men I'd had sex with in the last year, I told her I had no idea. "More than ten?" she asked. What a silly question, I thought, Heck, I'd had sex with more than ten men that month!

While well-meaning, she seemed pretty uncomfortable with my promiscuity and suggested I might want to focus on developing just one relationship, maybe something long term. But she felt I wouldn't be able to do that until I worked through my depression and work issues.

A few sessions later, she started pushing me toward a career change. That idea felt totally wrong to me, and I decided to look for a new therapist. While she was kind and had good intentions, she wasn't familiar with gay men and how we operate, and didn't know anything about sex addiction.

Luckily, my next therapist recognized my real issue almost immediately and followed quickly with suggestions on appropriate things to read, workshops and recovery meetings I could attend. Sexual sobriety is something that I'm still struggling with, but big surprise I'm now completing my work assignments since I committed to get off Grindr. I would have done a lot better in college had someone been around then to help me understand that online porn was keeping me from my work.

Jared's story points out the underlying clinical and cultural inexperience that can alienate gay clients from some

therapists. This kind of therapeutic ignorance can make it difficult for a *healthy* gay man to openly explore his sexuality and relationship experiences, and it poses even greater difficulties for the man who's involved in problematic or self-destructive sexual patterns and ashamed of this behavior.

At the other end of the spectrum are gay men who have sought help for sex addiction only to find themselves enabled in their behavior by well-meaning, gay-supportive therapists who offer advice such as, "Maybe you're being too hard on yourself; lots of guys hook up for sex regularly" or, "You should just loosen up and allow yourself to become more comfortable with your sexual choices." These responses, while necessary toward helping a homophobic person more comfortably embrace his orientation and coming out, are entirely inappropriate in response to sexual activities a client describes *as being driven, ritualistic, and creating ongoing and profound negative life consequences*. The therapist who offers this kind of advice likely intends to help gay clients overcome internalized homophobia; unfortunately, these good intentions lead to exactly the wrong approach for men who struggle with compulsive sexual acting out.

Carl relates his story:

I went to a counselor after I got reprimanded at work for sneaking off all the time—during work hours—to hook up with guys I met on a phone app or Craigslist. Many evenings I should have spent preparing for big projects at work the next day or simply getting some decent sleep, I was online masturbating to porn or running around town hooking up for sex. So even when I was at work I was often behind as well as too tired or irritable to concentrate, not to mention the folder of porn I always kept on my work computer.

Looking back, I can see that I really needed someone to challenge me on my thinking and help me take a good look at how my sexual behaviors were affecting my life and personal goals. It was really easy to buy in to what my friends were telling me, that what I did was the same as every other gay guy. I wanted to believe what they told me because I wanted to keep doing what I was doing and I did, even though deep down I knew that things were only getting worse.

Unfortunately, the therapist I first saw at the local gay and lesbian center didn't seem to see any problem with the frequency or type of my sexual behavior. Despite my complaints about the wasted time and energy spent on hooking up, a previous arrest, and even the problems my sexual life was causing me at work, he said I was struggling with internalized homophobia and that when I was more self-accepting, I would feel better about my sexual behavior. Finally, after several months of this—and after getting fired from a job I liked—I asked to see someone else and made sure that person had some understanding of sexual addiction.

Despite ongoing evolution in the field of sexual addiction research, and huge amounts of coverage on sex addiction in the news media, the issue remains a poorly understood disorder. More than thirty years have elapsed since the publication of Patrick Carnes's groundbreaking book *Out of the Shadows: Understanding Sexual Addiction*, but many mental health professionals have scant experience treating addictive sexual behavior. This is true for both heterosexual and homosexual therapists. This concern is especially problematic among sex therapists, who are often trained to help people more fully enjoy or engage in sex rather than helping to contain problem sexual behavior in those who are addicted to it.

CHOOSING THE RIGHT PROFESSIONAL FOR YOU

Choosing the right helping professional can be confusing. The choices are many: psychiatrist (MD), psychologist (PhD), licensed sex therapist, master's level counselor, licensed clinical social worker, addiction counselor, certified sex addiction therapist, pastoral counselor, and more. When choosing someone to help you recover from sex addiction, a more important consideration than a counselor's academic degree is whether he or she has training in and knowledge of sex addiction, or at least a general understanding of the treatment of addictive disorders. Clinicians with a CSAT (certified sexual addiction therapist) specialty and those who consistently attend conferences and workshops specific to the treatment of sexual addiction are likely to be the most helpful. If a potential therapist tells you, "I'm not really sure I believe in sex addiction" or "I work as an analyst so I don't like to give specific direction to my clients" or "I have treated drug addicts, but not sex addicts," you are likely standing in the wrong doorway.

When looking for a therapist, begin by listening and talking to other people at Twelve Step sexual recovery meetings. Most recovering people are happy to tell others about their therapy experiences and to offer helpful recommendations.

Here are two excellent neutral resources:

1. The Society for the Advancement of Sexual Health (SASH), www.sash.net. SASH, a nonprofit, maintains a list—organized by country and state—of professionals who are knowledgeable and trained in the treatment of sexual addiction.
2. The International Institute for Trauma and Addiction Professionals (IITAP), www.iitap.com, offers certification in the treatment of sexual addiction. Any therapist with the initials CSAT on their card and/or those on the IITAP

website will offer you an advantage over the average clinician working with sex addicts.

Also, many of the nationally known drug and alcohol treatment centers maintain lists of therapists who are trained in sex addiction treatment. Also check your local gay and lesbian community centers. Many larger corporations and most unions offer workers access to employee assistance programs (EAP). EAP counselors often have addiction training, though they may not be knowledgeable about sex addiction.

Sex addicts who have health insurance should check their insurance plans to see what diagnoses are covered and what therapists they can see. Unfortunately, most health insurance plans do not cover treatment for sexual issues. However, keep in mind that people who suffer from sex addiction very often also struggle with anxiety, depression, and work or relationship problems. Your insurance company may well cover some of your therapy costs, even with a therapist or a residential treatment center that specializes in the treatment of sexual addiction, provided one or more of these related issues is prominent and can be diagnosed.

EVALUATING A THERAPIST

The most important part of evaluating a prospective therapist is paying attention to how meeting with them makes you feel. Ask yourself the following questions:

- Do I feel understood?
- Do I feel like this person has the knowledge to help me?
- Do I feel like the therapist was being genuine when talking about his experience, or was he trying to impress me?
- Did the therapist take the time to really listen to me or seem more interested in hearing himself talk?

- Did I get the sense that he would be willing to confront me about behaviors and activities I know are unhealthy, or did I worry that by lying and distracting him, I might be able to keep him from directly opening up the very issues I came there to deal with?

What to Ask During the Interview

Don't be afraid to ask a prospective therapist questions about training, background, and past work. You should feel comfortable discussing the length of time your treatment may take, the frequency of your sessions, and cost. An exploratory meeting does not in any way commit you to ongoing therapy with that particular therapist. You may wish to interview several clinicians before you determine who best meets your needs.

Questions to ask prospective therapists include:

- Do you understand sex addiction?
- How would you help me define sexual sobriety?
- Have you ever successfully treated a sex addict?
- Are you familiar with the concepts taught in Alcoholics Anonymous and related Twelve Step programs?
- How would you support my sexual sobriety?
- How would you help me if I acted out sexually today?
- Are you comfortable working with gay men's issues?
- Do you lead or can you help me find a therapy group for sex addicts?

YOU DO HAVE THERAPEUTIC CHOICES

While many therapists prefer to work in one-on-one individual therapy with their clients, once a client has been fully evaluated (which can take as many as four to six individual sessions), the preferred method of treatment for all addicts in early recovery is group therapy. Generally group is no more than six to eight clients. This facilitated group setting allows clients to see that their problem is not

unique. This helps in reducing shame, remorse, and guilt associated with sexual acting out. The group format is also ideal for confronting the denial and rationalizations common among sex addicts. Such confrontation is powerful not only for the addict being confronted, but for the addicts doing the confronting. It helps everyone in the group learn how denial and rationalization empower addiction. Clients and patients also learn what works and what doesn't based on other members' experience, strength, and hope. If a sexual addiction therapy group is not available where you live, Twelve Step support groups are an option.

Residential Treatment for Sex Addiction

Sex addicts experiencing a profound emotional or life crisis related to their addiction or who are unable to stop acting out sexually despite professional outpatient help and Twelve Step support, as well as those with coexisting addictions to drugs and sex, may require treatment in a residential or intensive outpatient program. These settings offer a higher level of care with more attention and focus than you can get from standard outpatient therapy and Twelve Step meetings. These intensive programs are designed for addicts who are struggling with profound depression or anxiety, past trauma, and/or severe life crises besides their sex addiction.

The best way to identify a solid residential or intensive sexual addiction treatment center is by asking one simple question, "Do you provide separate living quarters and/or separate therapeutic work for sex addicts?" Residential programs that mix sex addicts, sexual trauma survivors, depressed people, and drug addicts, hoping to provide useful work to all in the same group, are not effective for sexual recovery. Choose one that has dedicated programming, living space, and clinical/therapeutic work for the sex addicts on their own—separate from the rest of the treatment population.

Couples Therapy

In today's world of chat rooms, webcams, instant messaging, apps, and sexting, the concept of infidelity is somewhat malleable and easier to deny than in the past, when cheating meant actual live physical contact. That being said, the answer to the question of what defines infidelity is as clear today as it was when Monica Lewinsky first stored away that stained little blue dress. Infidelity is defined as "the breaking of relationship trust caused by the keeping of secrets in an intimate partnership." In other words, with sexual infidelity it's more than the cheating itself or any specific sexual act that causes the deepest pain to a betrayed partner. It's the betrayal of relationship trust caused by lying.

Unlike the hurt and anger experienced by partners/husbands who uncover a singular past affair or a few "what happens in Vegas ..." dalliances, which are often forgiven after assurances the problem won't be repeated, the discovery of a longer history of infidelity or sexual addiction and of a secret life lived by the addict apart from his spouse naturally creates more profound and longer term feelings of grief, loss, and overwhelming betrayal. And sadly, spouses who have been betrayed will often blame themselves for the problem.

Despite the emotional distancing and painful mistrust caused by infidelity, many gay and straight couples ultimately remain together, most often with the help of a skillful and supportive couples therapist. Couples who have been traumatized by the recent revelation that one partner is a sex addict need a special kind of support, especially if the addicted partner's acting out has involved extensive deceit, betrayal, or the threat of a shared STD. Therapists who advise a betrayed partner to "just leave him" or "kick him out" miss the point that many partners—even those who have suffered a tremendous shock at the level of their

significant other's acting out—may not initially wish to give up their relationship but want—to simply understand what has happened.

When seeking a couples therapist, choose one who is willing to help you work toward your goals as individuals and as a couple. The right professional can help a couple negotiate the early stages of healing by directing the addict toward the recovery strategies he needs while simultaneously supporting the spouse through the hurt and anger he may be feeling. Sometimes a couples therapist works with each member of a couple in individual therapies and also sees the couple together. More rarely, and usually less successfully, the therapist will see only one member of the couple for individual therapy. Seek out a therapist who is thoroughly versed in treating sex addiction and who has provided help to couples in the past.

A good couples therapist can guide a disclosure process, which can reduce the power of long-held sexual secrets. Jeff, the long-term partner of a sex addict, talks about his experience with couples therapy and the process of disclosure:

Once Richard got sober and had some time in recovery, couples therapy allowed me to access truths about our relationship that Richard had covered up for a very long time. As much as I hated hearing it, I needed to know everything that he had lied about—the disclosure process was essential. It helped me stop blaming myself and allowed me to see the problems Richard had been dealing with, even before we met. Later, when I wasn't so angry, I saw how closed off I had become to him and myself. I began to see how I had slowly accepted living with someone who wasn't emotionally there, and what that had cost me. I think it really helped us for Richard to be there to hear my version of the story and for both

of us to learn what we needed to do differently if we were going to go forward together.

Not all couples choose monogamy and in situations where both partners have had the freedom to be sexual outside their relationship, couples therapy can be equally useful. The partners in this type of couple can learn to redirect their sexual energy toward recovery, creating new, mutually acceptable ground rules regarding sexuality and intimacy.

FINDING HELP OUTSIDE URBAN AREAS

Life in the big city offers many opportunities to act out sexually. It also provides the recovering sex addict many places to go for help. People living outside urban areas have different but equally plentiful opportunities for acting out, but significantly fewer support resources for recovery. This doesn't, however, mean that help is unavailable to sex addicts living in smaller cities or rural areas. The same technologies that make acting out so easy, no matter your location, can also assist in recovery. Here are some tips for those living in less densely populated areas:

- Twelve Step sexual recovery programs offer online and Skype meetings. They offer ongoing long-distance peer support and sponsors who can be contacted by phone and/or online. Many recovering people participate in regularly scheduled online chats and webcam meetings, gaining strength and support from recovering sex addicts around the world. People without Internet access can connect by phone.
- Connect with other recovering sex addicts at annual Twelve Step conventions in different parts of the United States and around the world.
- Some therapists are willing to consult with clients over the telephone, by email, or by webcam/Skype. These professionals are usually easy to find online.

- Lots of reading material about sex addiction recovery is available online. Articles, blogs, books, websites, and e-books are all useful tools. (See Recommended Reading). Twelve Step sexual recovery programs offer some program literature for free online.

MAKING SENSE OF SLIPS AND RELAPSE

There is a difference between slips and relapses. A *slip* is a brief, mostly unintended return to impulsive sexual acting out. An unexpected stressor (loss of a job, death in the family) or a poorly maintained recovery plan can lead to a sexual slip. A slip can be managed and contained by immediate, honest disclosure of the event to those around you—therapist, sponsor, spouse, and so on—followed by a revised plan to stop acting out. If you're in a relationship, a slip is something you must tell your partner/husband about so that you don't create any new secrets. You must disclose your slip no matter what the cost. The honesty you bring to your relationship is far more meaningful than simply trying to "look good" now, only to be found out later as having lied again.

Relapse occurs when a sex addict is unwilling to be honest about his slip and begins to hide and justify his behavior, thereby setting the stage for more slips. Hidden or ongoing slips, lies, isolation, and returning to a secret sexual life can all define relapse.

The moment you catch yourself even thinking fondly about a slip or if you are in the midst of a relapse, *check in with your sponsor, reach out to one of the people on your Twelve Step list, or call your therapist*. It's always possible to walk away, but in the moment acting out will always be more attractive to the addict than stopping. That is why you need help (objectivity). The point of having established relationships with these people is not to gain their admiration for having perfect recovery, but so they can support your day-to-day recovery and throw you a lifeline if

you fall back into your addiction. Now is the time to utilize that support. Put pride aside and ask for help! It's your own integrity and self-esteem that you will be saving.

As with all addictions, slips and relapse are common during early recovery. Sometimes slips result from overconfidence and a poorly managed recovery plan, as was the case with Robert:

Just prior to my slip, I had been actively working for nearly a year to “manage” my anonymous sex, cruising, and prostitution “habit.” Before recovery, it was not unusual for me to spend three to four hours a day hanging out in the park or driving around the boulevard scanning for younger guys on my phone app—just waiting for that beep to tell me I was being contacted by someone nearby. During my first few months in recovery, I was involved in therapy, attended multiple Twelve Step meetings weekly, and diligently worked at learning to manage my problem. Instead of integrating the lifelong challenge of being an addict, I began to regard my past sexual behavior as a symptom of a difficult time in my life that was now ending.

When I passed the nine-month mark in sobriety, I gradually became less serious about my earlier commitments, such as avoiding driving down certain streets on my way home from work or staying late at work by myself. I started going to fewer meetings and took a time-out from therapy. Somehow I never found the time (or been willing) to delete my online profiles or sex-finder apps on my iPhone, even though I always said I'd get to it.

One Saturday morning, when feeling overwhelmed from the workweek, I thought I should relax and take some time for me. I deserve it. So I slept in instead of going to my regular Saturday morning Twelve Step meeting.

Then I took out my bike to go for a ride in the park. I told myself that I really needed some exercise now that the weather was getting warmer. The fact that I was headed toward some old cruising grounds never consciously crossed my mind.

I stopped and bought some food to enjoy in the park and complimented myself on what a good job of self-care I was doing, not considering the challenge inherent in spending Saturday at that particular spot in the park—lots of hot gay shirtless guys hung out there, especially on weekends, and it had always been fertile ground for me to hook up.

I had barely locked up my bike and begun to eat my sandwich when I saw some guy lying in the sun who was clearly in major cruise mode. I opened up Grindr for the first time since I'd started in recovery, just to see if he was on it, and he was.

After spending the next two and a half hours sexting every guy in the vicinity, and then having sex in the bushes and nearly getting arrested, I felt pretty miserable. It didn't take me long to realize—once again—that once I start this process, I lose any sense of control over anonymous sexual behavior.

Now I understand that unless I consistently follow the plans suggested to me, I'm not going to get well and stay well.

Robert's story demonstrates that sex addicts in early recovery (less than two years) often have slips after convincing themselves that they're cured. Robert didn't deliberately head out to the park looking for sex—though by reviewing the situation and writing about it, he recalled feeling mildly excited when he began to toy with the fantasy that he deserved some time off for himself and was entitled

to skip his Twelve Step meeting. This was the first step toward his slip.

Key Warning Signs of Relapse and Common Excuses

- **Overconfidence:** *This has gone really well for a few months—maybe I have the problem solved.*
- **Isolation:** *I am going to skip my group this week and not connect with any recovering people even if they try to contact me.*
- **Blaming others:** *If my boyfriend didn't work so much, I wouldn't be so lonely and tempted by other guys.*
- **Justifying or rationalizing slippery situations:** *I could take a shower when I get home, but the showers are so much better at the gym after a good workout. Besides, I don't want to stink up my car.*
- **Minimizing a return to problematic situations:** *It's not like I'm hooking up with guys on the street anymore. I'm just getting a sensual massage. Besides, massage is good for me.*
- **Avoiding or devaluing feedback:** *That therapy group is just a bunch of sexually repressed losers. What does my sponsor know? He's not single and alone like me.*
- **Comparing yourself to others with different degrees of sexual freedom:** *Every other gay guy gets to go to the bars and get as much action as he wants. If hot guys want me, why should I deprive myself? What's the point in that?*
- **Ignoring agreed-upon guidelines:** *That boundary plan doesn't make sense for me when I travel. I will use it only when I'm home.*
- **Entitlement:** *I work hard at the office! So what if I look at a few videos here and there? I deserve some fun.*

- **Using recovery to justify acting out sexually:** *I'm not perfect. I'm entitled to slip once in a while. I am not a recovery poster child!*
- **Not following or taking useful direction from others:** *I have not used that app for months now; what difference does it make if I keep it on my phone?*

All of the tools that you've learned in this chapter will help you in your recovery. Discovering what tools work best for you really requires that you do your research. The Internet can be a powerful tool for researching. It can also be a dangerous place for some people. Technology has its pros and cons. The next chapter focuses on technology's impact on sex addiction and how this could affect your recovery.

CHAPTER NINE

Technology and the Changing Face of Sex Addiction

Recovery is even more challenging today because technology now provides widespread access to opportunities to act out. Today, nearly everyone owns or has access to a computer, laptop, smart phone, or other Internet-connected device. Digital interaction is part of our everyday routine. We check e-mails and texts, update our Facebook page, fire off a tweet or two, and then finish our morning coffee. Endless new opportunities support our very human needs for community and social interaction. Facebook and Twitter now allow real-time interactions with a wider and more diverse group of people. Best of all, friends and family who may have been too distant for regular contact just a few years ago can now be intimately folded into our lives. We make friends, we share our experiences, we celebrate, and we commiserate—all increasingly in one world, a growing interactive community.

Online life has done a great deal toward educating the public about topics formerly considered too personal or embarrassing to discuss with friends, family, clergy, or a therapist. Thanks to the Internet, nonjudgmental clinical information regarding mental illness, spousal abuse, sexuality, relationship intimacy, and drug and alcohol addictions is now available 24/7. This availability has helped to destigmatize many formerly shameful topics, while also facilitating meaningful connections among like-minded people.

The GLBT community in particular, and sexual minorities in general, have benefited from this unimpeded, private proliferation of information. Gay teens can find accurate,

non-shaming information about who they are and what they're feeling. They can even chat with and support one another through online interactions. Gay men with a particular interest or hobby can easily locate other gay men with similar interests, forming social clubs around that interest or activity. The post-Internet explosion of urban gay sports leagues is an excellent example of this phenomenon. We also see gay religious groups, gay dining clubs, gay travel clubs and tour groups, gay book clubs, and gay just-about-anything-else-you-can-think-of organizations—for fun, play, social connection, and of course to find sex in all forms.

In many ways mirroring the online heterosexual community, the Internet has given new ways for gay men to meet new friends, socialize, find sexual partners, and/or date. Pre-Internet, gay men generally met through mutual friends, in the workplace, or at gay-specific bars or more sexually oriented venues like sex clubs, bathhouses, and bookstores. The Internet serves as everyone's "BFF" today, happily providing a nearly infinite array of potential friendships and love interests. Dating sites like Chemistry.com, Match.com, and PerfectMatch.com have hundreds of thousands of GLBT members. More and more long-term gay couples are meeting on these and similar dating sites.

FROM TECH TO DISCONNECT

Our increasing online connectivity has also brought with it access to a seemingly unending collection of highly arousing sexual content (pornography) and increasingly unfettered connections to willing sexual partners (think Grindr or Manhunt). And while the online hunt for sex partners via hookup websites or phone apps provides highly pleasurable amusement and distraction for most healthy gay men, those with addictive and impulsive behavior patterns can quickly

lose themselves in an escalating and obsessive quest for sexual and romantic intensity.

Whenever human access to powerfully arousing, distilled *substances* like cocaine and crystal meth, or intense and immediately pleasurable *experiences*, like gambling and sex, is increased, the potential for addiction rears its ugly head. This is especially true when these substances or experiences are highly refined and amplified, as with crystal meth and crack cocaine, the newer pharmaceutical drugs, online gambling, gaming, and Internet pornography. As our increasing technological interconnectivity has brought with it affordable, easy links to distracting, arousing sexual content and anonymous sex, addiction and mental health professionals are seeing a corresponding increase in people struggling with sexual and romantic addictions. It's just that simple.

THE RISE OF "SEX-NOLOGY"

The escalation in sex addiction has its roots in technology, most notably the advent of video porn and cable television, and most recently, the Internet. Prior to the mid-1980s, if you wanted to look at porn, you had to get dressed, get in your car, drive to some seedy shop under a bridge in a bad part of town, park out back, and fork over hard-earned cash for an overpriced magazine or video—all the while hoping not to be seen by the neighbor's teenage kid, your boss, the police, or co-worker. If anonymous sex was your goal, you found it in bars, bookstores, bathhouses and sex clubs, and even public restrooms—risking rejection, gay-bashing, public humiliation, and even arrest. But technology has changed radically since that time allowing a drastic reduction in the risk, time, effort, and money it takes to access and connect to sex and porn.

Pornography moved out of the adult bookstores and XXX theatres and into our homes first in the 1980s with the advent of home video and later cable TV that brought "soft-

core” porn into our homes. Though the target audience for cable TV soft-core was heterosexual men and their wives, its existence helped open the door and ready the culture for the 1990s introduction of the Internet and its anonymous access to pornography, “adult services” on Craigslist, and chat rooms.

Today, thanks to streaming video and smart phones, finding porn—and willing and available sex partners—doesn’t even require getting out of bed. Affordable access to stimulating sexual imagery of every kind is virtually unlimited, easily and instantly downloaded, and very often free. And willing sexual partners have pictures, profiles, and contact information plastered all over the Internet. Not surprisingly, these technological leaps have also produced a reported spike in relationship infidelity and problematic patterns of online sexual behavior.

How Technological Advances Escalate Sex Addiction

- You don’t have to worry so much about rejection, criticism, and disappointment when looking to get laid or find a date. Today the experience is virtually guaranteed before you ever leave the house (thanks to apps, sexting, and texting).
- Distracting and arousing sexual content is just so easy to find, get, have, and use—plus, it’s continually getting faster!
- Phones and electronic tablets make sexual acting out easier to hide, as there’s no browser history on smart phones like on a computer and apps can be deleted after using.
- Pre-Internet, if you wanted a date or simply to have sex with someone, you had to practice asking people out or get up the courage to hit on someone for sex.

While there was potential for rejection, there was motivation to improve communication and social skills.

- Certain sexual behavior that has always been considered illegal/offending and/or consequential in the “real world” is not necessarily so online and, as such, can be more readily carried out with impunity (i.e., exhibitionism and voyeurism).

THERE’S AN APP FOR THAT ...

Abusing pornography and using websites to find sexual partners or prostitutes are only the beginning of the challenges faced by sex addicts today. Recent technological advances have facilitated access to anonymous sexual hookups and out-of-relationship affairs *via your smart phone*. Using the same technology it takes to find a nearby sushi bar, so-called friend-finder apps like Grindr and ProwlerZ allow gay men to instantly geo-locate anonymous, willing, and available sex partners. No more fumbling around in bars, bathrooms, and parks risking rejection or arrest. There’s no muss and no fuss, and no history of the behavior is left on your phone. Not surprisingly, these “friend finder” and “sex” *apps are fast becoming the crack cocaine of sex addiction*.

Eric, who joined Alcoholics Anonymous a year ago, tells how one app, Grindr, not only led him into relapse with alcohol, but also created an entirely new set of addiction-related problems.

For a long-time my life looked kind of like this: Get drunk, go out, meet a guy, fool around, drink some more, pass out, and then do it all over again the next day. Drink, fuck, and drink some more. Finally, I skipped the fucking part and just drank ... a lot. At the end, I didn’t even leave the house except to go to work or the liquor store. I might as well have been living in Antarctica, being as isolated as I was back then.

It was actually a former trick that got me interested in AA. He's one of those guys that I'd run into at the bars I frequented, and we'd go back to his place or my place for sex and we'd end up just drinking. Most of the time we never even got our clothes off. One day—he'd been sober for about three months—he was driving by my apartment on the way to an AA meeting in West Hollywood, and he stopped by on a whim, just to see if I was okay. Obviously, I wasn't. I ended up going to the meeting with him. I could tell right away that AA was for me. There were people there who drank just like I did, and they'd learned how to stop. And stay stopped!

Well, I wanted what they had, so for six months I became a model citizen. I went to AA meetings nearly every day, got a sponsor, and started working the Steps. And big surprise, everything about my life got so much better. I looked better, I felt better, and for the first time in a long time I started thinking about my future, career, and even dating. I was talking about that over coffee one afternoon with one of the guys I'd met in AA, and that's when he told me about this "friend finder" app called Grindr. He even opened it up on his phone and showed it to me. When I first saw that, it was like a case of vodka had just been delivered—free of consequences—to our table. Looking at that app and all the guys I might hook up with gave me a rush like I haven't felt since my first drink.

Before long, my entire life, including my recovery, took a backseat to Grindr. I left it on all day and all night, and every time my phone beeped, like a dog hearing the word "suppertime," I was hit with an adrenaline rush. In less than a month, I was sneaking out of work for quickies. I stopped going to AA meetings and calling my sponsor, and then, in the middle of a weekend Grindr binge, one of the guys I hooked up with offered me

some poppers—no problem, it wasn't a drink. Then he offered me a line of meth and I did it without thinking twice.

Two months later, I got fired from my job after not showing up or calling for three days. That was my wake-up call. Thankfully, now I'm back in AA and am also going to Crystal Meth Anonymous and Sexual Compulsives Anonymous. Instead of one addiction, I've got three, and though I know it was really within me all along, I really want to blame the stupid little phone app that led me right back where I started.

For those predisposed to addictive and/or impulsive behavior, searching for and readily finding anonymous sexual encounters—like those so easily accessed via Grindr—can quickly turn sex into a number one life priority, pushing aside partners, family, work, school, and self-care. Sexually addicted men end up using sex (and the rush of cruising for sex) to fulfill emotional needs and reduce emotional stress instead of relying on friends, family, partners, and other healthy networks for emotional support. Without help, they can destroy relationships, ruin their credibility, and repeatedly place themselves in physical and sometimes legal danger. So while many gay men engaging in anonymous sex may tout the freedom and fun it brings them, for a select few, this freedom can lead to emotional imprisonment, shame, isolation, and loss. In truth, we have yet to see the full result of how these new, technology-enhanced freedoms and sexual access will impact gay (and straight) culture—but the initial results are not promising.

YOUR SEX LIFE LIVES ONLINE ... FOREVER

Stirring up an unknown or long-discontinued sexual addiction problem isn't the only potential danger when exploring your sex life online. Porn sites and sex-locator apps pose serious cyber-security and personal-privacy risks.

Otherwise intelligent, thoughtful, clear-headed individuals—men who would never willingly share a social security number or birth date with an online stranger—will, seemingly without a second thought, text out their most intimate personal desires, often accompanied by photos of their exposed genitalia—in high def! Some of the very same people who pay companies like Lifelock to protect their online financial security don't seem to realize that every intimate text and explicit image they both send and receive doesn't disappear into the ether, but rather will live on in a server somewhere, forever leaving your most personal information vulnerable to being hacked or stolen and used against you with potential life, relationship, and career-busting consequences.

Protecting You from Your Online Self

Today we use the Internet for work, to follow news and sports, and to play games as well as download and watch movies. It is also where we hold nearly all our non face-to-face interactions with friends and family. If we can't get online, we might as well be living in the Stone Age—which presents a serious dilemma for recovering sex and love addicts and anyone who impulsively abuses the Internet as part of their acting-out behavior. For people like these, there are only two options: disconnect (which would render life nearly impossible) or find a way to connect online in safe and healthy ways that don't unduly detract from life or lead back to addiction. Fortunately, there are numerous software blocking and tracking programs that can be used on both computers and smart phones to help sex and romance addicts protect themselves from their own online behavior (see Computer and Smart-Phone Blocking Software). Sex addicts can also create other Internet boundaries:

- If using your smart phone is a significant part of your acting out, *downgrade to a standard cell phone*. They do still make them and, yes, you can live with it! You can

still receive phone calls (and possibly even text messages, if you need that feature for a legitimate purpose) but you won't have access to Internet websites or sex-locator apps.

- Delete all saved pornography, erotic stories, hookup-related emails, and sexts/texts from your computer, laptop, smart phone, and any other devices. Use the search function to find material not easily located.
- Eliminate from your email address book and cell phone contact list men with whom you have sexually acted out.
- Change your screen name and delete your old one. Eliminate any screen names or online identities used solely for sexual purposes. Yes, you do have to do this!
- Consider changing to a network service provider that blocks access to all porn and erotica sites. Couple this with parental control software.
- Cancel all memberships to porn, escort, and other sex-related online clubs or sites. Get rid of all pay-per-view web links and sex-related phone apps. Then cancel the credit card you used to pay for those accounts; this keeps companies from automatically renewing your subscription. If you don't want to cancel the credit card, call the credit card company and tell them you've lost the card; they'll happily send you a replacement card with a different account number.
- If you live with others, only use a computer when in a common area of your home, and commit to only going online when others are around.
- Delete any saved files that could trigger sexual acting out. These could include written self-descriptions or personal photos, including face shots, that you have used in conjunction with sexual acting out.
- Remove or permanently disable your webcam and any other live-video equipment. *This is essential* if you wish to avoid easy access to such Internet activity.

- Delete any pornography purchased or stored on a disc, flash drive, external hard drive, or other storage media. Don't give it away—just throw the stuff out.
- Only go online for email. No surfing the net without a purpose. Make a written and verbal commitment to avoid any nonvital online activity. Let other people gather information for you if need be. For accountability, call other recovering people before and after you go online.

While adding some of these suggestions to a sexual boundary plan (see chapter 6) will help many sex addicts break away from computer-based sexual patterns, others may have to take a more demanding path. Some cybersex addicts—particularly in the early days of their recovery—find that they cannot trust themselves to be alone at home with the computer. For them, work, coffee houses, and the public library are safer places to gain brief online access (for email and pertinent information only) as a necessary recovery step. For those who sexually act out online while at work, simple behavior modification may help more than you think—for example, turning a computer monitor so that anyone walking by can easily observe all your online activities and leaving your smart phone at home during the workday. Other men may need to avoid being left alone in the workplace after hours.

While the above steps will to some seem childish, prudish, fear based, or just plain silly, today there simply are not any better ways of keeping the sexually compulsive, addictive, or impulsive man from losing himself online. Whatever mechanism can be adapted to slow down the user's actions is worth the hassle, considering the potential losses. No one wants to be a sex addict, just like no one wants to be an alcoholic or a drug addict. And though it may seem like you would be practically a Neanderthal to be cut off from unlimited online freedom, leaving you feeling like a child

who should be able to “handle it” on their own but can’t, it may be comforting to know that these feelings are very similar to what the newly sober alcoholic experiences. He can’t believe he can’t have just one sip of beer at a ballgame or just one glass of New Year’s champagne. Because after all, everyone else can, right? But if addiction is a problem for you and you don’t want it to come back in an active form, then healing becomes less about whining that others “get to do” things that you can’t and more a sense of gratitude that just maybe, with help, you will make it through this intact.

CHAPTER TEN

Understanding Love Addiction: Can Something that Feels so Right Be so Wrong?

Sex addicts seek out high-intensity cruising, fantasy, and sexual experiences—often anonymously and with great frequency. Love and relationship addicts are attracted to the same type of focused, heart-pounding intensity as sex addicts, but are more likely to lose themselves in the obsessive pursuit of a romanticized experience, usually focused on one person either as a potential mate, affair partner, or both. Instant emotional bonds, formed through intensity (often sexual) rather than intimacy, create an unstable foundation for what nearly always becomes a very unhealthy situation. Like the sex addict—who gives up time, health, money, self-esteem, and more in his pursuit of a sexual high—love addicts neglect their personal interests, hobbies, exercise, self-care, family life, and sometimes even their jobs to devote more time and energy to the pursuit of this idealized partnership.

Paul talks about his love addiction:

I knew Carl was the guy for me from the first time I saw him on the street. We cruised each other after awhile, started talking, and the hours just flew by. I remember having this feeling of completely losing myself in being with him right from the very beginning. I was sure that “this time” it was love!

Within a few short weeks, Carl became the most important thing in my life. Friends and work took a backseat. Whenever there seemed distance, having sex

glued us back together seamlessly. Our time together was overwhelmingly intense, and with him I felt whole and loved. When we were apart, I spent endless hours analyzing every facet of our conversations and experiences together. The little bit of time I did spend with friends was usually devoted to driving them crazy talking about Carl.

I stopped paying attention to what made me feel good about me. Soon work, hobbies, friendships, and gym time all became subject to Carl's availability and my need for his attention. I let that happen.

As I let go of what supported me and gave Carl more of my focus, how he treated me and whether or not he loved me increasingly became the primary source of my self-esteem. If we were doing well together, I was on top of the world. When he would push me away, I'd do whatever it took to spend more time with him, even if I was going against my own values and beliefs. If he wanted to have sex with other people, I would go along to make sure no one else "got him" other than me. I mattered less as he mattered more.

Looking back, I never really took a good look at who Carl was. I was so focused on whether he liked me, whether I was important to him, what I could do to make him happy, that I wasn't looking to see if I even liked or respected him. In the end I lost respect for myself, ending up feeling more like a child wanting to please a parent than an adult with a lover. When he finally walked out on me for another guy, I was devastated and had little support to fall back on. Because I had so readily given myself away, when the time came to reclaim me, there wasn't much left to find and I didn't feel like living. That was how I knew I had to seek help. I

knew I couldn't survive another breakup like this one and yet I could barely manage being alone.

Consistently feeling more like a child than an adult in such a relationship is a sign of love addiction. Paul acted out the role of a child whose sole focus is getting a parent figure (Carl) to love him and “never leave.” Not surprisingly, Paul grew up in a family with a verbally abusive and devaluing father. His unexamined early trauma of having to please an angry, unavailable dad to keep the peace, while doing whatever was needed to get the little bit of love that might be available to him, was a deeply ingrained relationship blueprint that Paul carried into all of his obsessive adult love relationships. He finally began to unpack some of this emotional baggage when he got into therapy and started attending meetings of SLAA (Sex and Love Addicts Anonymous).

Paul's obsessive behavior also took a toll on his former partner Carl. Over time, the object (person) of the love addict's need for control begins to resent the manipulation, dependency, and people pleasing that are such strong aspects of the shame-based addictive personality. In self-defense, many such partners will emotionally distance themselves, as did Carl, which only reinforces the love addict's belief that eventually he will be dumped or abandoned. Without intervention, this can be a sad cycle of love and loss.

While many male sex addicts get lost in compulsive patterns of seeking and finding sex, others like Paul report being repeatedly drawn to intensely challenging, highly charged, often intimacy-vacant or even abusive, sexual and romantic relationships. These addictive templates of romantic intrigue, seduction, affairs, and/or pouring love, money, and devotion into unavailable or broken partners can evoke the same feelings of physical intensity and emotional escape as the addictive pursuit of sex. And

intensity as a form of emotional control, distraction, and fantasy escape is the ultimate for *sex and love* addicts. It is also not unusual for a recovering sex addict, having halted his long-term patterns of overt sexual acting out, to turn from the desperate search for sex to the desperate search for love, often with some very negative and painful consequences.

Though the main focus of this book is sexual addiction, love or romantic addiction—which entails repeatedly seeking out and/or entering romantic, obsessive involvement with unavailable partners (or consistently becoming an unavailable partner)—closely mirrors sexual addictive behavior and is a related form of acting out. To those who haven't suffered the pain of this particular form of emotional illness, "love addiction" likely sounds more like a daytime talk-show topic than a serious emotional issue. For the love addict, romantic and sexual intensity and the emotional drama they offer are more likely over time to produce fear, loss, anxiety, and pain than genuine intimacy.

Neal, who spent twelve years in a relationship, talks about how his love addiction pattern became apparent:

I never saw myself as "having a problem." I mean I never was out in the bars, sex clubs, or having anonymous sex. In fact, today I am over twelve years into a stable relationship and we have been as happy together as most couples I know. But periodically, before recovery and therapy, and I never really understood the reasons why or when or who, I would meet some guy I found attractive and despite being in a relationship already, I would just lose myself to him. Sometimes I would be attracted to someone I'd only known for a few hours and yet there and then start an unplanned sexual and romantic affair, which would quickly become balls-to-the-wall intense—meeting with him at all hours, sexting, texting, and deleting, hiding and keeping

secrets, feeling that if we weren't speaking every day or if I didn't hear from him or see him, my world was going to end. And I had someone at home who already loved me, crazy right?

Yet I was drawn like a moth to these roller-coaster-ride affairs during which I would lose sight of my personal priorities, didn't care who got hurt, how much I had to lie, or how it affected the rest of my life. I just wanted to see this guy, have sex with him, and lose myself in and to him, even though deep down I knew that the intensity of these feelings were not likely going to last. Talking on the phone and planning to get together would make my heart race and my blood pound; each guy was like a new drug. After my third affair, my husband had finally had enough. It took his packing up my bags and kicking me out to finally wake me up to the fact that I have a problem. And yes, it's partially about sex—but for me it was even more about finding someone who couldn't seem to get enough of me and then be able to access him whenever I needed, like a drug.

LOOKING FOR LOVE

While often intellectually competent in his work and social life, the love addict suffers from an underlying, unacknowledged need to have emotional control over his intimate partnerships. He will abuse the excitement of the new, idealized partner to stabilize his own emotional instability, not unlike emotional vampirism. The sex and love addict's need for *controllable intimacy* (an oxymoron) often evolves out of a chaotic and sometimes desperate inner world filled with hidden fears of abandonment, rejection, and unworthiness. His urge to hunt down emotionally unavailable, often highly dependent and/or ultimately unattainable, partners reflects his underlying (unconscious) belief that *romantic intensity* = *romantic intimacy*. He

thinks, “If a guy is totally taken with me, can’t get enough of me, and we are thinking about each other all the time, then I won’t get hurt, let down, or abandoned.” This pattern then becomes a template for “finding love.” These unexamined patterns compel him into a sporadic or ongoing search for the “right guy,” even if he is already in a relationship.

Ultimately, his greatest fear is that he will end up alone and rejected, having been “found out” as deeply flawed and undeserving of love. For emotional self-protection, the love addict misguidedly seeks out relationships over which he feels a sense of control—looking for that exciting, mind-blowing romantic love that will never go away. Ultimately, and this is an issue important to write about and explore with a therapist, this type of unconditional affection and appreciation is more in line with parental love than romantic love. You can’t *make someone* love you, pay attention to you, never be critical of you, stay with you, or come back to you *because those life decisions are up to them*.

This said, the process that can create long-term intimacy and genuine love over time is less related to sexual and romantic intensity and more to taking boundaried, emotional risks with an evolving partnership. Being fully honest and fully known to a potential long-term spouse without guilt, lies, or seduction (warts and all) means risking that you may be found lacking or not get what you want with them despite your best effort. Yet that is the form of surrender (not control) that can lead to love. And by you being you, giving the other person full choice to like or not like you, be or not be with you, without them being guilted, manipulated, seduced, or shamed for how they feel about you is the very kind of surrender that does create long-term intimacy.

Charles, thirty-two years old and “still single,” reflects on his romance addiction:

What finally got me to look at this as a problem was my obsession with online dating. Once I put up a profile or two, I started checking my laptop or phone for responses. Every time I replied to a new ad, my hopes would go up and I would wait to see if this time I might just find "him." Sometimes I would stay up until three or four in the morning, seeing if anyone new was online, and repeatedly poring through the profiles for anyone that I might have missed. I wasn't really looking for sex, though I was ready to go for it if I thought it would lead to some kind of relationship. Even before I totally lost myself to the dating sites and hookup apps, chasing the "perfect man" was a problem. I had tried dating clubs, video dating, the bars, speed dating—you name it. In an effort to make "it work," sometimes I tried having sex right away to bond us, and when that didn't help, I became adamant about not having sex right away. I joined organizations and churches that didn't interest me for the sole purpose of meeting available men. I even berated friends for not introducing me to more potential partners.

Several times I have dated and later moved in with a man who I thought I loved, but within a short period of time I am bored, do not want to have sex, and judge everything he does. I become critical, nagging, and nothing he could do was good enough. This is why, when active in my addiction, I'm often single ... and regardless, I'm always searching. Sadly, I've had several such breakups and yet looking back now can see that several of these men were likely "good enough" matches for me.

Today I can see that none of my desperate searching, hoping, and seducing really did much to support, grow, or define me. In my ever-growing anxiety about being alone, I even stopped looking for men that might

somehow enhance or complement my life. It became less and less about what I wanted or needed, while all this emotional energy went into trying to find "him," someone else to make me feel complete. Once I found "him," I thought that everything would be okay, that I would be okay. And it would be ... until the pattern would repeat.

While he is forever searching for the "right" guy and sometimes more than one, the love and relationship addict's intrigues, flirtations, demands, lies, sexual liaisons, and affairs leave behind a wake of emotional destruction. Ironically, when love addicts are active in their addiction, they will pass up opportunities that might actually bring forth the kind of meaningful, intimate, and loving experience they endlessly talk about. But without intervention, love and romance junkies are more strongly pulled toward the intensity of "looking for love," "falling in love," "getting that guy to love me," and/or "the ongoing drama of an abusive or problem relationship" than they are able to tolerate peaceful companionship, loving sexuality, and intimacy.

Signs of Love Addiction

- mistaking intense sexual arousal and new romantic excitement for love
- constantly craving and searching for a romantic relationship
- when in a relationship, being desperate to please and fearful of making your partner unhappy or angry
- when not in a relationship, feeling desperate and alone
- inability or disinterest in maintaining an intimate relationship once the newness and excitement have worn off

- finding it unbearable or emotionally difficult to be alone
- when not in a relationship, compulsively using sex and fantasy
- consistently choosing partners who are emotionally unavailable and/or verbally or physically abusive
- choosing partners who demand a great deal of attention and caretaking but who do not meet (or even try to meet) your emotional or physical needs
- participating in relationship activities that go against your personal values or beliefs to please or keep a partner
- surrendering your own ongoing interests, beliefs, or friendships to maximize time in the relationship or please a romantic partner
- using sex, seduction, and manipulation (guilt/shame) to “hook” or hold on to a partner
- using sexual acts to “rebound” or “get through” difficult relationship experiences or emotions
- missing important family, career, or social events to search for romantic or sexual relationships
- continuing to remain in, or repeatedly returning to, unhealthy, painful, or abusive relationships despite repeated promises to self or others not to do so

While all romantic relationships may exhibit some of the above signs at least occasionally, dysfunctional relationships grounded in addiction often reflect multiple troubling concerns. Over time these result in ongoing, escalating emotional pain and negative life consequences. Pia Mellody, in her groundbreaking book *Facing Love Addiction*,¹³ describes three clear symptoms of a love addict in a relationship:

1. Love addicts assign a disproportionate amount of time, attention, and “value above themselves” to the

person to whom they are addicted, and this focus often has an obsessive quality about it.

2. Love addicts have unrealistic expectations for unconditional positive regard from the other person in the relationship.

3. Love addicts neglect to care for or value themselves while they're in the relationship.

THE CYCLE OF LOVE ADDICTION

Like those addicted to drugs, sex, binge eating, and gambling, love/romance addicts use the fantasy, physical intensity, and endless drama of their turbulent relationships to distract themselves from their own emotional hurts. Desperately terrified of abandonment but equally fearful of true intimacy, some love addicts will stay in unworkable relationships long after they have ceased to be a source of any genuine affection or warmth, while others will run away at the first sign of genuine affection.

Sadly, when searching for love is more about avoiding desperate loneliness than about finding a valued other, partner choice becomes distorted. Cementing yourself to someone else so that you can feel whole, rather than expanding your world in a way that invites others to come in is a setup for addictive relationships. These relationships depend more on “whether or not he will leave me,” “how intense our sex life is,” or “what do I need to do so I can make him stay” than on mutual compatibility, emotional interdependence, enjoyable sex, and companionship. Addictive relationships are characterized by unhealthy dependency, enmeshment, social isolation, secrecy, guilt, shame, and *emotional control*.

Love addicts typically use denial and externalization as emotional protection, but their distorted thinking also keeps them from growing. This way of avoiding reality can be observed in the way they shirk responsibility *for choosing troubled or unavailable partners and have a seemingly*

insatiable longing for romantic intensity, all the while looking outside of themselves to find yet a new distraction (read: a hot guy). When these situations don't work out, his justifications can be diverse, yet solely externalized:

- *I never seem to meet the right kind of guy.*
- *No matter how much I give, I just seem to get used by guys.*
- *Gay men are typically liars and, like most men, they don't follow through.*
- *He was just using me for the sex; I thought it was going to be more.*
- *I can't trust men to be honest with me unless I am checking up on them 24/7.*
- *Meeting guys online doesn't work. I'm going to have to go out more to clubs to really meet one.*
- *Meeting men in person doesn't work; today all the good guys are online.*

The man who continuously blames his own unhappiness or addictive sexual acting out on a wrong date, bad sex, an unreliable lover, absent partner, or a nagging spouse never really gives himself the opportunity to address and work through his underlying emotional isolation and fears. This willful blindness to his own experience traps him in the downward spiraling cycle of behavior that both causes and increases his unhappiness over time. And so it goes, as long as the problem remains on the outside.

Unlike the man seeking partnership and sex as an enhancement to his life, the love addict tends to seek partners who are more dependent on him, which can serve as a subtle form of control. After all, the partner who *needs* you is less likely to be the one who *leaves* you. For some addicts, the process of caretaking for troubled, needy, addicted, or financially challenged men allows them to give the very attention and caretaking they never themselves received but have always longed for. When these

problematic partnerships inevitably fail to meet the love addict's (unquenchable) emotional needs, he may become demanding, critical, more controlling, or even abusive. In desperation, romance addicts will use blame, shame, anger, and control in a misguided attempt to get their partners to love them as they wish to feel loved, regardless of whether or not the other individual is emotionally capable or even fully available to offer such love.

Should a love or relationship addict be unable to extract his needs from a current partner or situation, he may reactively start to act out against that relationship by having affairs or sexual liaisons or even by being impulsive with money—again searching for outside experiences to soothe him. Or, as “a love addict in exile,” he may avoid sex and relationships altogether for a time, until the next “right” situation presents itself.

Some love addict's troubled situations lead them to acting in ways that often don't accurately reflect who they are. To get what they want or feel they deserve from a partner, they may use nagging, complaining, crying, or helplessness, all the while placing blame on their often clueless partners. When love addicts act out their disappointment through sexual compulsion, eating, spending, or other compulsive behavior, they eventually end up experiencing the very same feelings of shame, self-hatred, and worthlessness that they sought to escape by finding “love.”

LOOKING FOR MR. RIGHT

Looking back, many sex and love addicts who have worked on these issues for a while reflect that much of their adult lives had been singularly focused on finding sexual and/or romantic partners *in every situation*. They can see in retrospect that they were always prepared for—and ready to meet—a Mr. Right and always had some strategy to find, ensnare, and keep a new partner.

Alex describes what it is like hunting for “the one”:

As far back as high school, I don't think I could ever really relax when going to a social event if there was any possibility of hooking up with a guy. I mean, to this day I can spend hours deciding what to wear or how I should look. In truth, my focus was not on how I wanted to look or what made me feel good, but on what might get a guy interested in me for sex or a date. When I would talk to guys or flirt, I watched for anything they said that would tell me what they liked or what they were about. Then I would "work" the conversation to make them feel like I understood them or was like them.

Whether through wit, humor, flirtatiousness, or outright seduction, love addicts are always on the hunt for special attention and intensity—to experience the shining light of a new male connection. An important part of healing from love addiction is recognizing the methods you have employed to attract and seduce men. Whether through wardrobe choices or the way you involve yourself in conversation and social interactions, as an active male sex and love addict you are always self-designed to attract.

As you consciously cast aside these ploys with the support of a therapist, recovering friends, and fellow addicts in Twelve Step programs, you can begin to claim your true value as a person, an experience that will slowly reduce your impulsive reactions toward finding superficial, objectified, and sexualized attention.

Alex continues his story:

Before I got into recovery and started looking at my love and sex addiction, I never realized how focused I was on constantly trying to attract men—how much I had turned myself into an object. Practically everything I wore, the way I carried myself, what I had to say—not to mention all that time spent at the gym—had little to do with my self-esteem, self-care, or even health. Instead I

viewed them through the filter of whether I thought they would get some guy to desire or notice me.

A big part of my recovery has been refocusing my attention on what makes me feel comfortable about how I look, what I wear, and whom I choose to spend time with. I have deliberately—but not without a great deal of struggle—taken the emphasis off what might get me male attention, sex, and a boyfriend and moved toward what’s fun for me to do, what I find relaxing, and what puts me at ease. Now a year into my recovery, I think I might actually be more ready to have someone in my life than I ever was before. But even if “he” never comes along, I’m beginning to see what I have to do to enjoy my life—something I could never see before because I was so focused on looking for “him.”

Just as the recovering sex addict needs a clearly defined plan of healthy sexuality, the love addict—regardless of whether he’s in a relationship—needs a written, carefully organized plan of action that reflects his healthy beliefs about relationships and sexuality. Successfully altering deeply ingrained patterns of addictive love relationships without reliable support is very difficult. Behavioral change requires becoming accountable within a consistent, supportive environment to people who know and understand you. Individual therapy, group therapy, and Twelve Step support groups are excellent places to find such guidance, support, and accountability. Organizations like Sex and Love Addicts Anonymous (SLAA), www.slaafws.org, provide an opportunity for love addicts to break the cycle of addictive relationships and receive direction from members who have been there, done that, and recovered.

FINDING RELATIONSHIPS THAT WORK

For people who are seeking a long-term relationship, romantic intensity is the catalyst that sparks the playful

exploration of possibilities with a special human being. The beginning stages of a potential love relationship typically are the most exhilarating. This is the time when what he looks like, how he walks, talks, eats, and breathes are the subject of endless fantasy and excitement. Most people can easily relate to that “rush” of first love and romance—the stuff of countless songs, greeting cards, and movies.

More than intense romance or hot sex, companionship, play, honest communication, and acceptance are the hallmarks of healthy intimacy and the essential building blocks of long-term commitment. Intimacy is the experience of being known and appreciated over time—one individual discovering the true inner life of another. Truly loving relationships are developed over time by partners who use those early exhilarating times as a gateway toward deeper, long-term closeness. It’s that deeper closeness and recognition, in romance, friendship, and a spiritual life, that will finally satisfy what many sex and love addicts call, “the hole in the soul,” that endless longing for something more. As early excitement fades, an evolved, richer, and more burnished relational experience can slowly take its place, one of appreciation and affiliation.

Alex recalls:

I used to date guys for a few months, and as soon as the sex got less intense it was time to move on to someone else. I thought that if the sex slowed down that meant he wasn’t truly for me. No one ever told me the initial passion doesn’t last for most people, straight or gay. Only recently have I realized that romantic relationships can deepen, becoming more meaningful and fulfilling over time.

KNOWING YOUR RELATIONSHIP NEEDS

Some written exercises can help love addicts begin to learn more about making a healthy partner choice and finding

contentment in an ongoing relationship. You might start this process by making a list of your emotional needs, at the same time describing how those needs might best be met in a loving relationship. Emotional needs are experiences like

- feeling safe
- feeling valued
- feeling attended to
- feeling appreciated
- consistency
- feeling acknowledged
- feeling supported
- feeling encouraged

Once you've written your list, consider putting the items on your list in order by priority. This will help you identify your most important needs. Here's a sample exercise from a newly recovering love addict:

1. My emotional need in a relationship:

To feel appreciated.

How do I know if this need is being met?

He notices the things I do for him and thanks me. He does things for me without my asking him. He compliments me.

2. My emotional need in a relationship:

To have physical affection.

How do I know if this need is being met?

We share a lot of hugs, from the beginning of the day through the night. There is kissing and cuddling just for the sake of being close. I get a big hug when I get home. He doesn't ask me to watch porn during sex. We have sex that is pleasurable and fun for both of us. It makes me feel loved.

3. My emotional need in a relationship:

To feel accepted.

How do I know if this need is being met?

He doesn't agree with my criticisms about my body and seems to love me without judgment. I don't have to dress up for our time together. We don't need to have any special reason to be together other than spending time with one another.

4. My emotional need in a relationship:

To feel safe being myself with him.

How do I know if this need is being met?

We are playful together and silly sometimes. He helps me out in difficult times and responds when I ask for help. He's accountable for his mistakes and remains honest.

Even if you think you're a sex addict and not a love addict, this exercise can help you to define what you want from your relationships. Using the examples provided here, make your own list (see exercise 10.1 in the Activity Appendix). Through exercises like this one, you can develop a better sense of what is truly important to you. Such insight and self-reflection allows you to enjoy the intensity of dating and sex, knowing that, if it is right, there will be a profound deepening of what you share over time. Author Pia Mellody offers some helpful words on unhealthy relationships:

Many of us think that finding the right partner will complete a missing part of ourselves, finally making us feel whole. We also believe that this ideal lover will reveal the meaning of life to us. But each one of us has the potential to feel whole and fulfilled from within ourselves to the extent that we can develop our competence in self-love, self-protection, self-care, and self-containment. In addition, each one of us searches for and eventually finds the meaning of life for ourselves, rather than looking to our partner to reveal it to us. Our lives are ours; our partner's life is his or hers.

*No one can give us the ultimate answers for our own lives.*¹⁴

BREAKING THE CYCLE

Many recovering sex addicts, unhappy with their sexual behavior and eager to find a healthier way to deal with their needfulness and compulsivity, flip from the desperate search for sex to the desperate search for love. This switching from one addiction to another leads some to conclude that neither sex nor love can bring them connection and contentment.

Recovery from the cycle of love addiction involves taking responsibility for a history of poor partner choices, lack of honesty, a habit of blaming the other person, poor communication, and lack of self-care. Most important, the road to recovery begins with a willingness to tolerate the anxious need to be with someone without acting on that desire for a period of time. Many recovering love addicts commit to not dating and/or not being sexual for ninety days or more to give themselves the time to learn how to meet their own emotional needs outside dating, romance, or sex.

For those already in a primary relationship, the path toward change and healing begins with meeting their emotional needs through the help of supportive others (therapists, Twelve Step groups, and reliable friends). One of the most valuable lessons is to stop shifting the blame for your unhappiness onto your past, or current partner, as that job belongs to you—not someone else.

Recovering from love addiction requires rigorous education and self-examination. This typically involves reading self-help books, writing recovery plans, undergoing therapy, attending Twelve Step programs, and using a journal. Writing a thorough history of your past behavior around men, sexuality, and dating can also be very helpful. Exploring the underlying emotional conflicts that have

fueled your unhealthy relationship interactions will equip you with new, more evolved ways of relating and meeting both your needs and the needs of a potential mate.

CHAPTER ELEVEN

An Abbreviated Guide for Partners and Spouses

While some partners may have been aware of and/or indifferent to their spouse having *occasional* sex with others (don't ask, don't tell), and some may have formally agreed to such (an open relationship), the truth is that sex addicts have so much sex and spend so much time and effort in the process, that most spouses don't have a clue as to *the degree of the problem*. Under these circumstances, even the most laissez-faire partner, when confronted with the reality of the sex addict's history, can be understandably overwhelmed by feelings of betrayal, mistrust, and anger, while also having to deal with the inevitable consequences of such behavior. And then there are the partners who had thought that monogamy was *the agreement* until they found out that what they had believed was true was not even close to reality.

For most committed couples, whether gay or straight, it's not the cheating itself that causes betrayed partners their deepest pain. *What hurts a loving partner the most is that their trust has been broken*. When you trust and love someone, they naturally are the person you would least expect to rip apart your world with lies, manipulation, and a seeming complete lack of concern over how their behavior might affect you.

SHOULD I STAY OR SHOULD I GO?

A spouse who thinks he is in a monogamous relationship will always experience hurt and anger when finding out about a past affair or a sexual dalliance. This can be fairly forgivable, even a growth opportunity for a couple, after

some working through, assurances, and demonstration that the behavior won't be repeated. However, the discovery of a larger, longer history of infidelity or patterns of sexual addiction will naturally create more profound, lasting feelings of grief, loss, and even overwhelming betrayal. When a committed partner's faith in his partner or spouse turns out to have been misplaced, he typically experiences a cascade of fear, remorse, rage, numbness, detachment, longing, and despair—feelings that can overwhelm even the brightest person's ability to decide how to move forward.

When infidelity is unexpectedly uncovered, many partners call into question everything they thought they knew about their relationship, looking back to try to figure out what they missed and what went wrong. For someone who believed he was in a monogamous partnership, the revelation that he has been cheated on and lied to on a vast scale may prompt him to wonder what, if anything, has ever been true about his relationship. Even those who have been accepting of polyamory or sex outside their relationship will wonder if they can ever reestablish the kind of trust needed to continue to evolve an intimate life.

SEX AND GAY CULTURE

Gay male sex addicts are not compulsively sexual because of their sexual orientation. Rather, sexual compulsiveness is a consequence of underlying psychological deficits, personal traumas, and/or a biological predisposition toward addiction. This is the exact same set of risk factors presented by straight male and female sex addicts. Unfortunately, the increasingly destructive patterns of sexually addictive behavior that gay men play out also take place against a cultural background of dramatically greater sexual and social freedoms than those enjoyed in the heterosexual world. Ever vigilant to avoid reinforcing society's prejudicial belief that being gay means being troubled, the public face of gay culture is extremely cautious and reactive about

pathologizing gay sex or putting limits on gay social freedoms in any form. Consequently, some gay men and gay media will tolerate and even celebrate both drug abuse and sexual practices that also hold the potential for clearly harmful consequences. Seen through this lens, urban gay men with sex, alcohol, or drug problems can be prisoners of their own hard-won cultural freedoms. Gay spouses often find little support or validation among other gay men for the hurt, loss, and confusion that can arise out of sexual betrayal.

Jeremy (whom we met in chapter 4) talks about what it was like for him to come home one day to find his lover, Juan, having sex with a prostitute. He learned soon after that Juan had sexually acted out throughout the entire course of what Jeremy had believed was a monogamous five-year relationship:

When I first found out, my feelings ranged from hating him and wanting him to leave, to understanding that he had a problem and wanting to be supportive. His sexual secrets explained some of his past moodiness, constant lateness, and swings from being distant to sometimes being incredibly loving. But I was left with a big question, "Was everything a lie?" Looking back, how could I even believe it when he said "I love you" or "I want to be with you always"? How could those things have been true if he could walk out the door an hour later to have sex with some stranger in a park or the gym? What else don't I know about? Even though he was frequently checking out other guys and sometimes even flirting with them while we were together, I had always written it off as just a gay thing or even a guy thing. Now I just feel foolish. His frequent comments to me about how hot this, that, or the other guy was—while his head was swiveling from one man to the next

—always left me feeling “less than.” Now I’m wondering why I didn’t ask more questions and speak up sooner.

Like Jeremy, many partners will reexamine past feelings and misgivings they may have previously pushed aside in order to tolerate having an addicted partner as a spouse even if they had been unaware of the problem itself. Feelings of shame and embarrassment related to the sexual nature of the problem often prevent betrayed men from reaching out to get the support they need. This isolation only adds to their difficulties.

WHOSE FAULT IS THIS?

Note that Jeremy also began to question *himself* as he looked back on his history with Juan. This type of self-appraisal is actually part of their process of grieving what they thought their relationship had been. Just as someone who has experienced the sudden death of a close friend or parent may wonder whether they could have done more to enrich their relationship with them. Partners of sex addicts often feel remorse when they consider how they “should” have acted or not acted in the past. Angry and grieving partners can blame themselves unnecessarily.

Jeremy continues:

At first I didn’t know who to talk to about this or where to turn. I felt like maybe it was my fault—maybe I hadn’t been a good enough lover—and I was embarrassed that other people might think that as well. Besides, who do you go to when your lover—your best friend!—has betrayed and violated you? It wasn’t something I was going to call my sister about, or the guys at work—especially since I had spent the better part of four years telling everyone how well things were going and that, yes, gay men could be happy together over the long term. I also feared that everyone would just tell me to

get rid of Juan, and I didn't want to. Despite my anger and hurt, I didn't want to leave.

Instead, I got hungry for information. I went out and read every book I could on infidelity and sex addiction. I wanted to somehow fix it on my own, make it right for both of us. I also did a lot of detective work. I started going through his things—his wallet, credit card receipts, Internet browser history, even logging onto his phone apps—looking for clues. It was as if I thought that if I knew everything or could anticipate anything, then somehow I would be able to predict how it would all turn out in the end for us.

At some point, however, I got tired of the whole thing being focused on him—his acting out, his emotional problems, his shame and embarrassment. What about my loss, my pain, my fears about the future? I found myself becoming more critical and unpredictable, expressing my anger sideways through sarcasm, nagging, and emotionally withholding from him. It seemed like I was just angry all the time, no matter how hard he was working on his recovery. I started to dislike who I was becoming. That's when I found a good therapist to help me get through this mess.

IS HE A SEX ADDICT OR A “TYPICAL” GAY GUY?

Broadly speaking, gay male culture places less emphasis on monogamy and fidelity than straight culture does, while simultaneously offering more extensive and accepted opportunities for casual/anonymous sex. Many gay men of all ages comfortably view sex as a form of play or recreation—with sexuality or even romance not always assumed to be the “glue” that holds a couple together. Because of this, it is more difficult to characterize or recognize sex addiction or

sexual compulsivity in a gay male spouse based solely on his sexual history. For example, having an Internet profile for hookups, wanting to experiment with a three-way, or going to a bathhouse doesn't necessarily mean your partner is a sex addict—even if you don't agree with or approve of those activities. The following factors can be more indicative of a sexual addiction problem.

- He lies to you about sex or keeps secrets about his sexual activities from you.
- He breaks promises or agreements made between the two of you about his sexual behavior.
- One or both of you have experienced specific negative consequences due to his sexual behavior, such as arrest, disease, job loss, or public embarrassment.
- Sex, in whatever form, has become his primary recreational activity, superseding time with you, time with friends or family, as well as other social activities.
- His sexual behavior is escalating—the amount of time he spends doing it and/or the intensity of his experiences.
- He is both abusing drugs and sexually acting out—especially abuse of stimulants like meth or cocaine.
- He has made repeated attempts or promises to stop or reduce his involvement in some sexual behavior, only to return to some form of it later.

If the themes described here—lying, secrecy, escalation, negative consequences, and loss of control over the behavior—mirror the primary concerns you have with your partner's behavior, then he very likely has a sex addiction problem, regardless of whether he can acknowledge it.

WHAT SHOULD I SAY TO FRIENDS AND FAMILY ABOUT THIS?

In a genuine attempt to be supportive to spouses and partners of sex addicts, many friends, family, and even

therapists fail to understand that despite the betrayal and violation that has occurred in these situations, a great deal of love often remains at the core. They may encourage you to get out of the relationship right away with statements like, “I would never stay with someone who did that to me.” This is a whole lot easier to say when the betrayal is not happening *to you*. In their well-meant intentions or outrage they may not realize that it takes time to process the difficult information that has been exposed.

WHAT SHOULD I DO AND AVOID AT FIRST?

Accepting and deciding how to handle betrayal takes time. In general, unless there is ongoing physical abuse by one partner toward another or an active drug problem the partner refuses to address, it's wise for the betrayed spouses to put off any major life decisions for a few months. Decisions made in the heat of pain and anger may not ultimately be the best decisions over time. Here are some major decisions to avoid for at least a few months, until you see if the sex addict is taking committed steps toward change and appears to feel remorse/regret about past hurt they have caused:

- to leave or stay (unless the relationship is less than one year)
- to break up for good (unless the relationship is less than one year)
- to divorce, legally separate, or break up a family/children
- to sell shared property
- to tell his family or boss what he has done to you
- to start going out with new people

Here are some minor decisions that promote self-care, but also allow for the relationship to heal over the long-term if that's what you choose:

- to ask him to sleep separately from you for a while (couch, another room, a friend's place)
- to not be sexual with each other for thirty to sixty days (or at least until both of you have full STD testing)
- to want to manage the finances or have more control in the relationship because you have lost trust
- to take a trial separation—worked out with a therapist
- to talk about what has happened with your family and friends (not those of the addicted partner)
- to ask for a high level of time/place accountability for sixty to ninety days, like daily phone check-ins or a commitment to being home by a certain time each day
- to want to know the details of what your partner is doing in order to change his behavior
- to put boundaries around what you will discuss and when

You will want to avoid the following as they are recognized to be poor reactive decisions by a betrayed partner:

- telling everyone you both know what he has done to you—especially his family or coworkers
- telling his children what he has done
- constantly picking fights over unrelated issues
- withdrawing from him in silence as punishment
- hitting each other, breaking things in anger
- having sex with a bunch of other people to hurt him or prove a point
- telling him things he did not previously know about you to hurt him
- avoiding therapy or useful support for yourself because this is “his problem” or “he did this to you”
- stealing, spending, or destroying his money or property—that is, getting revenge
- posting photos online of him and the other person(s) or explicit sexual pictures or writing stories about what he has done on your social media page

HOW DO PEOPLE RESPOND WHEN BETRAYED?

Most betrayed partners go through a wide range of emotions when coming to terms with a previously unknown reality of extensive lies and cheating. Whereas the sex addict has known about his sexual behaviors all along (most often keeping them a secret), partners can be blindsided by the revelation of sexual acting out or the extent of the sexual or romantic behavior. Here are some common partner responses to betrayal:

Shock or numbing: It's common to feel numb, distracted, or confused. For some partners, the first impulse may be to seek comfort from their usual source: the sex addict himself. Otherwise, betrayed partners may feel easily overwhelmed by previously simple tasks, in a fog or crying when it is not typical, or lost for no clear reason.

Remorse and self-doubt: "What did I do to cause this and why didn't I see it coming?" As we saw in Jeremy's story, many spouses turn their anger and hurt inward on themselves. They blame themselves for not seeing the patterns of deceit, for not having more insight into their partner's emotional experience, and they think that if they had just been a better (thinner, smarter, richer, more understanding, etc.) partner, the problem wouldn't have occurred. To control the pain and loss, they blame themselves. This is a natural part of grief.

Third-party hatred: If the sex addict was having emotional affairs and not simply sexually acting out, partners may direct the full fury of their pain toward the person (or persons) involved in the affair (s), while their cheating partner somehow becomes the "innocent victim" of someone else's unscrupulous behavior. This is

an understandable attempt to hold on to the love they've had for their spouse while blaming others.

Honeymooning: Some partners may unconsciously avoid the pain of the present by moving into romance mode, thinking, *By making love and being sexual now, we can forget the problems of the past, or If we have a lot of sex, he won't need anyone else.* This can be especially true when cheating partners are actively begging for forgiveness and in the process making renewed promises of love and fidelity.

Feeling unpredictable, unfamiliar emotions: Understandably, betrayed partners may experience periods of anger and mistrust toward their spouse. Sometimes, seemingly for no reason, they may become angry or withdrawn. Just watching a steamy scene on TV might trigger rage and fear when, moments before, the couple had been getting along. This is typical and a part of loss.

Wanting to run or leave: Throwing away a relationship that has a lot of good qualities without giving the healing process time may feel good in the moment, but may be regretted later. That said, betrayal is not to be taken lightly and sex addiction does not get better on its own. And those who have been together a few weeks or months may not want to take this on so early in the relationship. Some couples who fight a lot, don't have much in common, and experience more frustration than joy may decide they weren't a good pairing in the first place. In general, taking time to sort these things out and getting feedback from others, rather than responding to a strong emotional reaction, will help determine the best way to go forward.

WHAT'S THE QUICK FIX?

Some couples who want to restore intimacy in their relationships will turn to sexual intensity or romantic “honeymoon” experiences to try to quickly restore some closeness in their relationship following the disclosure of a sex addict’s problem. This is a fairly normal response. As such, it’s not unusual for couples that have had relatively distant, dispassionate sexual relationships to get into hot or intense sex. While this may feel good for the moment, sex used to soothe difficult feelings enables both partners to avoid deeper, more troubling issues. The “honeymoon” is a form of mutual denial that is bound to fail in the long run.

It is healthier, though less comfortable, to engage in a “cooling-off period.” This involves a mutual agreement not to cycle into any sexual or romantic intensity and to put off any longer term decisions until there is more clarity about where things are headed. Ninety days is a commonly suggested period. After this period of hard work and healing, it’s more likely that decisions about the relationship will be made with careful consideration and therefore will be minimally disruptive.

IS IT STILL POSSIBLE TO RECOVER IN NON-MONOGAMOUS RELATIONSHIPS?

“Open relationships,” where casual sexual involvement with multiple partners is integrated into an existing committed partnership, is a lifestyle choice more readily accepted in homosexual relationships than heterosexual ones. For some, an open relationship offers a negotiated way to “have your cake and eat it, too.” Some male couples never seek monogamy, some evolve into monogamy as their intimacy deepens, and still others who have spent many years together may later choose to “open up” their relationship to sex with others. Others might choose to be open to romance as well as sex with people outside the primary relationship (polyamory).

Non-monogamous relationships work best when both men are comfortable with their relationship being “open,” and when both men agree to predetermined, well-defined rules that establish clear boundaries around their sexual arrangement. Once this agreement is made, one or both are free to engage in whatever sexual situations they have settled on as long as the rules are respected. Some styles of non-monogamous relationships include

- Either partner can have sex and/or romance with whomever he wants outside the relationship, but both partners agree not to discuss these sexual encounters.
- Either partner can have sex and/or romance with whomever he wants outside the relationship, but both partners commit to discussing their experiences.
- Each partner can have sex with other people, but the partners must discuss and agree on these sexual encounters in advance.
- The partners will only have sex outside the relationship when both partners are present (threesomes).
- The couple (either individually or together) will only have sex with people they know.
- The couple (either individually or together) will only have sex with strangers.
- Each partner can have sexual encounters with somebody once—no “fuck buddies” or ongoing romantic situations outside the primary relationship.
- Partners living separately are monogamous when together and non-monogamous when they are apart.

Gay (and many straight) couples can and do experiment with non-monogamy, with varying results. Problems can develop if

- Each partner understands the rules differently.
- One of the partners lies about his sexual activities.

- One of the partners becomes emotionally dependent (loves) someone outside of the primary relationship.
- One partner isn't fully in agreement with the plan or is just going along with it to "make a partner happy" or "keep the relationship alive."

Misunderstandings around non-monogamy tend to breed resentment, hurt, and jealousy. This can severely damage an otherwise functional relationship. Couples who have agreed to a mutually understood plan of sexual behavior yet still struggle with broken sexual promises or secrets should consider (a) whether non-monogamy really works for them; and (b) whether one or the other may be a sex addict.

Unlike nonaddicts who can define a sexual boundary and stick to it, sex addicts are powerless over non-relationship-oriented sexual behavior. Once they start down a road of recreational sexual behavior, they can't control it. In cases where the couple has attempted non-monogamy only to end up with broken promises, disregarded agreements, sexual secrets, and other betrayals, it may be that

- Non-monogamy isn't really emotionally manageable for them regardless of how appealing it was in theory.
- Sex with outsiders has taken the place of having sex with each other.
- One or both men has a sexual addiction problem.
- One partner has a hidden agenda, such as the desire to pursue an outside relationship without consequences.
- Non-monogamy was introduced as a last-ditch effort to revive a troubled or failing relationship.

The absolute key to a successful open relationship (or any relationship for that matter) is mutual trust. If one partner is lying, keeping secrets, and otherwise violating the boundaries of a committed relationship, open or monogamous, then essential trust is broken and not easily regained. It's also possible for two sex addicts in an open relationship to enable one another's problematic sexual

behavior. This kind of situation can go on for years until a severe consequence from sexual acting out compels one or both partners to change.

Bjorn talks about his relationship in this regard:

We practically lived by cruising the parks, Chris and I. After work, the park was the first stop we would make together. Each of us was off cruising to find someone to pair off with in the bathroom or bushes. Sometimes we would bring guys home to share. I would say we spent at least three or four hours a day cruising and having sex with other guys.

On weekends, if we didn't head back to the park, we would go out to cruisy beaches or sit at home on Grindr looking for a third. The search for sex was absolutely our main hobby. Even when we would get home after cruising and sex, one or both of us would be online or on some app trying to find someone to score with later in the evening or the next day.

Of course there were consequences. Over the years I ended up getting "bashed" by some homophobic asshole, and there were several arrests for "public indecency." Despite this, back we would go to the same place where one or the other of us had been beaten up or arrested just a few days before, grumbling about the damn cops or the jerk-off kids with bats who were probably closet cases themselves.

It wasn't until I lost my job that I started to look at sex as a problem. I decided to put off looking for work for a while, but "a while" became weeks, and then months. Because I wasn't working, there was no reason not to go to the park. Before long I was cruising most of the day, every day, for what eventually amounted to well over forty-five hours a week. Our complacent lives were profoundly shaken up one night when some guys in the

park beat up Chris so badly that I didn't think he was going to make it. At that point, I finally started to think that maybe our sex life was becoming a problem.

Even after this, it was months before I went to see a counselor and even longer before I was ready to consider a change in my sexual life. The hardest part was that Chris didn't want to change his sexual behavior, even though I knew I just had to. This issue nearly broke us up until we finally got into couples counseling and began to address our sexual choices as a part of our relationship and not something we could just deal with individually.

Couples like Chris and Bjorn who have incorporated high levels of sexual freedom into their long-term relationship face considerable challenges when one of them decides that he needs to make a change. A one-sided commitment to change will put the relationship under tremendous strain and force the couple to re-evaluate their priorities and commitments. As Bjorn's story suggests, such a couple usually needs the guidance of a professional.

HE'S THE ONE WITH THE PROBLEM—WHY DO I NEED HELP?

Partners of most sex addicts strongly resent any suggestion that they might also have a problem. And why wouldn't they? For those men forced to face the hurt and anger that infidelity can evoke, the overwhelming impulse is to fully blame the partner who caused the hurt. It's easy to see why the betrayed spouse might believe that the man who broke the promises and withheld painful secrets is the source of the problem—that it is unrelated to the partner feeling victimized or violated by the situation. While it's true that the sex addict has a great deal of work to do to address his compulsive need for validation and self-soothing through

sex and to take responsibility for the consequences of acting out sexually, most partners of sex addicts also have issues too.

Men who partner with people who have addictive personalities often have underlying emotional deficits that are similar to those of the addicts to whom they're attracted—they simply play out differently. In contrast to the addict's need for constant validation and attention, they may appear rather selfless, while beneath the surface they struggle with fears of being abandoned or deemed unlovable. These concerns are often unconscious, but affect the person's relationship choices and behavior in the relationship.

The spouses of addicts often appear most comfortable when others depend on them, and they will sometimes go to great lengths to become indispensable to the people in their lives. Unaware of their challenges with self-esteem, these men can seek out people and situations that put them in the role of "the more giving one" or the "more nurturing one." This role is often comfortable and familiar because usually it is what they have learned in chaotic or emotionally neglectful families.

Being a giving, nurturing human being is generally a positive attribute, but spouses of active addicts can give too much—*often doing for others what those others could be doing for themselves*. Even when a co-addict is under-rested, overtaxed, and overcommitted, his primary aim is to please and take care of the people around him, while avoiding conflict and dissatisfaction. Unaware of his own emotional (and sometimes physical) needs, he will invest inordinate amounts of time and energy to "be there" for others. All the while, he may also be storing up deep reserves of anger and resentment as his own emotional needs continue to go unmet.

This hidden or shadow side of the co-addict partner shows up in the indirect ways he expresses his resentment and feelings of victimization. He vents his negative feelings

through blame, nagging, sarcasm, criticism, spending, eating, being passive-aggressive and controlling, or by emotional and sexual withdrawal, leaving his partner and others around him feeling guilty, hurt, or angry, but without a clear sense of how to restore harmony.

Co-addicts are usually angry not only with their partners, but with themselves. They don't like how negative they've become in their attitudes and in their relationships, but also cannot pinpoint exactly how they ended up in such a repressed, stifling emotional place.

Some co-addicts become dependent on overeating, drug use, compulsive exercise, spending the addict's money, or other potentially self-destructive behaviors. They develop these dependencies as a way to fulfill their own unmet needs and to soothe their deep sense of frustration. By trying to address their problems this way, co-addict partners set themselves up for what can become lifelong struggles with self-image, body image, weight, or finances.

HOW DO I KNOW IF I'M A CO-ADDICT?

Some past and current partners of sex addicts developed the following list of questions to help them understand their common problems. You can use these questions to determine how your relationship to someone with a sex addiction may have affected your life. If you answer "yes" to three or more questions, seek out a counselor with whom you can discuss and work through issues, not so much to help the person who has hurt you but to keep yourself from being hurt again.¹⁵

1. Have you often felt hurt, ashamed, or embarrassed by someone else's sexual conduct?
2. Are you afraid to upset your partner for fear that he will leave you?
3. Have you sometimes found yourself searching for clues about someone else's sexual behavior?

4. Have you ever fantasized, obsessed, or worried about someone else's sexual problems?
5. Have you ever made threats to others or promises to yourself like, "If this happens again, I'll leave," that you did not carry out?
6. Have you ever tried to control somebody else's sexual thoughts or behavior by doing things like throwing away pornography, deleting phone apps or online programs, or by being flirtatious or sexual with him or even others in order to keep him focused on you?
7. Has your involvement with another individual or that individual's sexual behavior ever affected your relationship with your friends, co-workers, or family members?
8. Have you often lied to others or made excuses to yourself about your partner's sexual conduct?
9. Have you had money problems because of someone else's sexual behavior?
10. Have you engaged in sexual behavior that makes you feel uncomfortable or ashamed or that is physically dangerous because you fear that if you don't join in, your partner will leave or devalue you?
11. Have you ever felt confused and unable to separate what is true from what is not true when you're talking to your partner?
12. Have you ever thought about, threatened, or attempted suicide because of someone else's sexual behavior?
13. Have you often used sex to keep the peace or to smooth over problems in your relationships?
14. Does sex (thinking about it, having it, talking about it, or worrying about it) play an all-consuming role in your relationship?
15. Have you ever felt abandoned emotionally because of your partner's use of pornography, online chats, or masturbation?

16. Have you ever helped someone get out of jail or deal with other legal trouble as a result of his sexual behavior, or feared that you might have to do so?

17. Have you often blamed your partner's sexual behavior on other people, such as friends or other sexual partners? On gay culture? On his job, religion, or family?

18. Do you feel alone in your problem?

Although the consequences of sex addiction are unwelcome and painful, the ways in which both members of a couple choose to deal with these problems can be a source of healing and hope. The partners of sex addicts have many choices for how to handle what has happened in their relationship. In fact, they have the same prospects for self-healing and many of the same recovery opportunities available to them (couples counseling, individual therapy, and Twelve Step support groups, for example) as their addicted spouses.

Physical Abuse Is Not Okay

It's not unusual for couples dealing with addiction to face other dysfunctions as well. Next to drug and sex addiction, domestic violence is one of the most prevalent and destructive problems among gay men and lesbians. In contrast to the popular cultural misconceptions of gay men as being effeminate or nonaggressive, gay men who find it difficult to properly express their anger and frustration will resort to physical violence or intimidation as a means of expressing their emotions. Anyone has the right to feel extremely violated and angry with a spouse, but *hitting your lover or being hit by him in anger is never acceptable*. The law is quite clear in this respect. People who lash out physically, gay or straight, can be arrested if reported to the police.

Besides physical violence, there are many ways to shame and frighten a lover that are equally unacceptable. Throwing and breaking things, pinning someone to a bed or wall, refusing to let someone leave by blocking a doorway, or stalking someone on foot or by car are all forms of intimidation. Verbally threatening to kill or hurt yourself or your spouse when you're upset is a form of emotional blackmail that also warrants immediate help.

Relationship violence should never be ignored. If the problems underlying this form of acting out aren't dealt with through therapy, the aggressive behavior will return in one form or another. If you are experiencing violence in your relationship, speak with a professional right away. Most urban mental health centers, gay and lesbian community centers, and private therapists, as well as endless web resources, will know how to deal with this extremely serious but treatable relationship problem.

WHAT IF WE CHOOSE TO STAY TOGETHER?

Husbands, spouses, lovers, and partners who have experienced profound betrayal have good reason to feel angry, mistrustful, hurt, and confused. If you are the partner of a sex addict and choose to stay in that relationship, it will be some time before you will feel comfortable trusting him again. Yet this kind of healing is possible if the sex addict is committed to recovery (going to Twelve Step meetings, sexual addiction treatment/therapy, getting a sponsor, and so on). When a spouse joins the addict in his efforts by starting his own process of self-examination and healing, the work goes faster for both.

In the meantime, spouses of sex addicts are often stuck with the emotional fallout and unhappy consequences of massive betrayal. It makes perfect sense to want to protect

yourself in response to a partner's lies and betrayal. In addition, there's no guarantee that the addict in your life is being completely truthful with you, even once he has begun to acknowledge his problem. Therefore, it's essential that you take steps to tend to your own emotional, physical, and practical needs. Following is a list of what spouses and husbands should do and not do to develop strategies for their own self-care.

Partner Do's:

1. **DO get tested for STDs, and not just HIV.**

Most active sex addicts are careless about their sexual health and the sexual health of their partners. Later, seeking to hide their behaviors, they lie (sometimes even to themselves) about the health risks they have taken in their sexual pursuits. And HIV is not the only concern. Sex addicts are frequently exposed to a variety of diseases, including hepatitis, venereal warts (HPV), syphilis, gonorrhea, chlamydia, and herpes, to name but a few. Once your partner has disclosed that he has been acting out sexually, you should go to your physician and discuss the situation so that you can take steps to ensure your complete physical health.

2. **DO investigate your legal rights, even if you are planning to stay together.**

Know your rights in the areas of potential separation, financial concerns, and parenting if you have children. Gay spousal rights to property and alimony vary widely depending on the status and length of your relationship and where you live. Those in legal domestic partnerships or marriages or with shared property have legal concerns that differ from those who have not set up these arrangements. Finding an informed, gay-sensitive family attorney is vital—whether you plan to leave or stay. Your plans may change as recovery

progresses. If you can't afford a lawyer, search for information online.

3. DO learn everything you can about addiction, codependency, and sex addiction.

Read books and articles on addiction and recovery, attend workshops, and search online. Resources for partners can be found in Support Resources. Get educated about sex addiction and the recovery process not only to understand your partner better, but also to make informed decisions about your own life.

4. DO reach out to others for help.

If you suspect that your partner is a sex addict, get help *for yourself*. Simply living with an addict requires a level of emotional support that is beyond the life experience of most people. Find a support group for partners like S-ANON, COSA, and CODA. In these groups, you will find other people who know the pain, shame, and confusion you're experiencing. Besides Twelve Step programs, seek gay-friendly counseling professionals who are trained in sex addiction and consider couples therapy, if your partner is willing.

5. DO examine your own history and behavior.

Sex addicts sometimes come in pairs. If you, too, have a history of sexually addictive behavior—either within or prior to your current relationship—you may need to look at your addiction issues as well. Some partners also have differing, but parallel problems with overeating, compulsive exercise, or spending. These need to be addressed too.

6. DO express your feelings and hurt.

If you've just discovered that your partner is a sex addict, you're likely overwhelmed with disappointment and hurt. Don't hide those feelings from your partner. In fact, hearing the truth about how his sexual behavior affects those he cares about is vital for his healing and recovery.

7. DO get help toward the most healthful expression of your feelings.

If you are hurt and angry, express it in healthy ways so you can eventually move beyond it. An endless barrage of criticism, withholding, nagging, blaming, giving the silent treatment, or looking down on your partner won't help anyone heal.

8. DO take an active role in your own healing.

The sex addict is either going to work on his recovery or he isn't. Regardless of his choices, *you need care, love, and support*. You need a stable support network. Exercise, rest, take time off, see family and friends, and make sure to take care of you.

9. DO trust your feelings and observations.

If you don't see your partner getting *ongoing* help with his sexual behavior problems—attending therapy and/or going to Twelve Step support groups—then don't trust that things are getting better. His promises to change or stop his behavior mean little, whereas his concrete actions taken toward change mean a lot. Trust your intuition.

10. DO ask and expect your lover to tell you everything about his sexual acting out (if you wish to know).

You have a right to know what has gone on during the course of your relationship. Expect that early in his recovery, your partner will share the complete history of his sexual acting out (if you wish to know it) so that you can fully integrate what has happened into your new understanding of your relationship. That said, such disclosures are often painful and should only be done with the help of an involved therapist or clergy person.

Partner Don'ts:

1. If you are HIV negative and want to remain that way, DON'T have sex with your spouse without

protection for at least six months.

No matter what he says about his past activity or recent tests, do not have unprotected sex with a sex addict until he's been sexually sober for at least six months and you feel confident that he is no longer acting out sexually. Even if you are already HIV positive, or if both of you are HIV negative, there are a host of other STDs to worry about.

2. DON'T become his sponsor or parole officer.

Addicts in recovery have many people they can turn toward to support their recovery when they are struggling. Spouses absolutely need to know the facts of the past and present, but *they need not be drawn into nor should they ask (however tempted) to become* the addict's primary recovery confidant or the person who guides his healing process. That is work for others to do.

3. DON'T use sex or romance to "fix the problem."

Some couples hoping to restore the previous intimacy in their relationship seek instant sexual intensity following the disclosure. While it may feel good in the moment, it is a form of mutual denial that actually moves away from healing the relationship. It's healthier, though less comfortable, to engage in a sexual "cooling-off" period.

4. DON'T make long-term decisions in early recovery.

This includes life-changing decisions, such as whether to break up or permanently change residences. Wait until you have more clarity about where things are headed. The rule of thumb is *no major changes in the first six months of the recovery/healing process.*

5. DON'T hold yourself responsible if your spouse sexually acts out.

If he wants to act out sexually, he will. Nothing you do makes him do this; he always has choices. The addict is always responsible for how he chooses to handle his feelings. *You are not responsible for his behavior—ever.*

6. DON'T go on a sexual binge to "get even."

"Getting even" feels good only for the few moments you're doing it, and it usually brings disaster in the end.

7. DON'T try to handle the situation by yourself.

Reach out to sympathetic friends, family members, and support groups. You have the right to get help wherever and however you need it. His problems are not a reflection of you.

8. DON'T tell people about the situation just to humiliate your spouse.

It's one thing to enlist people to give you the support you need; it's quite another to tell your partner's mother, boss, or best friend about his sexual behavior just to get even. You and your partner can discuss what information you both consider private and with whom you want to share the information you're willing to disclose. Develop a personal "press release" that you both agree to stick to.

9. DON'T stick your head in the sand.

If you have an investment in your relationship, you can't avoid the hard facts of your partner's sex addiction. Even if you choose to leave the relationship, you need to consider what attracted you to an addict in the first place so you don't do it again. Pretending the problem will just go away by itself or placing all of the responsibility on the sex addict is simply a way for you to avoid dealing with your own problems.

10. DON'T make threats you don't intend to carry out.

Make certain that you do whatever you say you are going to do. If you tell your partner that you're going to leave if he acts out sexually again, then you'd better have your bags packed if he does. Otherwise, you diminish your credibility.

HOW CAN I DO MY OWN SELF-CARE?

Learning that your partner is a sex addict is bound to put you in crisis mode. Many partners have to manage unpredictable mood swings, difficult feelings, and the consequence of the sex addict's acting out (which can include diseases, affairs, major financial problems, and public or private humiliation). To create some stability in your life, develop a clear plan for self-care to deal with day-to-day interactions with your partner. Use this plan as a guide to help you make decisions when your anger might otherwise prompt you to make choices you might later regret.

Max, who found out about his partner's sexual acting out four years into their relationship, describes his plan.

When I first found out that Will had been having affairs, I just wanted to get rid of him and move out. I didn't want to tell anyone. I just wanted him and the whole thing—especially my hurt—to go away. Now I'm so grateful that I turned to a recovering friend of mine, Amy, who took me to my first S-Anon meeting.

I kicked and screamed about having to attend "one of those programs" and said, "Why should I take my time to do this when he was the one with the problem?" But looking back, it was probably the best thing I could have done for myself. At S-Anon I found comfort in the stories of other men and women who had been betrayed by their partners and who had found a way to continue their relationships and heal. I finally got—through listening to others like me—that this didn't happen because I wasn't good enough. I also found better ways than my past solution (in bed alone with the TV and a quart of ice cream) to talk through my fears and anger.

At my first meeting I got phone numbers from a few other men and women who were in similar situations. They guided me through the worst parts of the initial

few weeks. One of these men became my sponsor. He suggested I write out some rules to follow for the next sixty days. It really helped.

My First Sixty Days:

- Attend Twelve Step meetings one to two times a week.*
- See a therapist who understands betrayal and addiction.*
- Don't end the relationship because of a bad feeling.*
- Don't believe information unless I have facts.*
- Write down my questions for Will in my journal and go over them with someone else before I confront him.*
- Phone a friend each evening before bed.*
- Go back to the gym three times a week to keep my stress down.*
- Set times for reflection and meditation.*

Looking back, the best part of the process was it gave me some guidance for when I felt out of control, and it kept me from isolating in a way that likely would have harmed me further.

WHAT SHOULD I WATCH OUT FOR WHEN GOING TO A THERAPIST?

Therapy can also be helpful. Unfortunately, many well-meaning therapists offer less-than-helpful responses for gays, such as

- The therapist, consciously or unconsciously, has difficulty acknowledging that a male-male committed relationship has the same emotional depth or meaning as a heterosexual marriage and thereby underestimates the intensity of a spouse's loss.
- The therapist may not encourage the couple to stay together or encourage the partner to work in therapy with the same intensity and involvement as he or she

would if the partners were heterosexual and/or legally married.

- The therapist has unresolved, uncomfortable feelings when discussing the romantic and sexual details of gay relationships and therefore avoids or misses important details.
- A well-meaning but under-informed therapist can be misled by the sexually addicted client who frames his sexual acting out as being “what gay men do” or “how gay men are.”
- The therapist who holds an underlying belief that gay men inherently have sex and relationship problems may cause harm by dismissing the spouse’s expectations of fidelity and/or by discounting the reality of the sex addiction problem.
- Gay therapists unfamiliar with sexual addiction assessment, diagnosis, and treatment methods may naively attempt to normalize the sexual acting out, thereby missing the sex addiction problem altogether.

Ideally, the best setting for a sex addict’s partner to get help is with a gay-supportive counselor or psychotherapist trained in the treatment of addictive disorders and sexual addiction. Each of you should have your own separate therapist. In addition, you should expect to have some involvement in your partner’s treatment. Besides therapy, many partners of sex addicts find needed answers and support in Twelve Step groups such as CODA, COSA, and S-Anon (see Support Resources).

If you are the spouse of a sex addict, remember to be gentle, patient, and forgiving *with yourself*. There is no easy or right way for a couple to handle something as emotionally difficult as sex addiction. Some partners decide that the violation they’ve experienced is greater than their desire to remain in the relationship. For them, trust cannot be restored and they don’t want to risk hurt like this again.

You're not necessarily making a bad decision if you choose to leave an addicted partner; it may be the healthiest thing you can do. Likewise, you're not necessarily wrong if you choose to stay in that relationship, despite what friends say about that. Perhaps even more important than whether you stay or leave is that you put a renewed emphasis on trusting your instincts, find greater willingness to openly express your feelings, and most important, focus your time and attention on your own self-care.

CHAPTER TWELVE

Beyond Sex and Love Addiction: Taking Healthy Next Steps

Our basic human needs for attention, validation, and intimacy are healthy and universal. We all need to feel loved and appreciated and have a sense of belonging throughout our life spans (though meeting these emotional needs does not necessarily require a romantic or sexual partner), and sex addicts are no exception. Problematically, however, sex addicts use sex as *a shortcut* toward meeting essential relationship and dependency needs and the comfort they provide. Taking these intimacy shortcuts—like having anonymous sex, abusing porn daily, having affairs, or seeking sensual massage and prostitutes—feel powerfully fulfilling in the moment and provide a brief simulation of intimacy, but over time when repeated in lieu of genuine, honest connections, they frequently deliver emotional emptiness rather than nourishment.

Ed, who told his story in chapter 1 about cruising the locker room and steam room for sex, reflects on what he has learned:

The one feeling I never could stand—and the main reason I think I acted out so often—was being lonely. I could never tolerate long weekends, multiple-day business trips in empty hotel rooms, unplanned evenings, and times when I didn't have a lot of people around. I always hated being alone. As independent as I always thought I was—not needing anyone, being able to walk away from any relationship at a moment's notice—one of the first things I saw as I started therapy and stopped acting out sexually was just how

emotionally needful I really am. And I just hate that. In my mind, I would rather not have to depend on anyone, but now it's so clear to me that all of my cruising—at the gym, on Grindr, wherever—and the endless sex that came from it was just a desperate way to try to meet emotional needs, not physical ones. All those sexual encounters made me feel—in the moment—wanted, important, and valued, but they never required taking any real emotional risks or allowing myself to be vulnerable.

Funny, though, while I was having sex with some hustler or a guy in the sauna, sometimes I would actually find myself in fantasy—thinking that somehow I could get him to love me or I could rescue him. And sometimes while cruising the gym, I was half looking for sex and half thinking I could find some man to know and care about me.

But back then, even if I was dating someone or actually found a decent relationship, it wasn't fulfilling because I never really let anyone in. I never stayed around long enough and I was always lying and keeping secrets. Despite all the sex I had and all the "dates" I went on, I really knew very little about intimacy.

Looking back now, I really regret all the time and energy I lost to wandering around and ultimately looking for something that hot sex was never going to supply. I did have some great sex, no doubt, but today I can barely remember what most of them looked like. It's all a blur. Sadly, I feel now like there were so very many things I could have been doing—so much of life I could have been enjoying—had I not been constantly cruising for sex. Today, I hold a lot of sadness in my heart for who I might have been then and who I might have become

had I not been so busy giving myself away to sex with strangers.

SEX AND THE SINGLE GUY

When sex addicts enter recovery and embrace the healing process, they must develop is a long-term view of healthy sexuality that is specific to their lives and beliefs. If single, the recovering sex addict cannot continue for emotional escape. Since most addicts find it difficult to differentiate between *intensity* and *intimacy*, single men are best off with written guidelines and boundaries regarding dating and sex—established and discussed prior to starting to date.

After establishing such clarity and boundaries with the support of and ongoing accountability to, sponsors, therapists, clergy, and so on, sex addicts will find it easier to create and maintain the kind of healthy limits that will inhibit potentially addictive sexual and relationship choices. Incorporating healthy, intimate sexuality into a life that has been focused solely on sex with self or others as an objectified act is a long-term process that includes learning to tolerate intimacy, learning to trust (and be trustworthy), while also accepting all the challenging imperfections and frustrations inherent to human intimacy.

LEARNING TO LIVE AND LOVE WHILE SEXUALLY SOBER

Whatever your political or sociological beliefs about male sexuality, the simple fact is that sex addicts, regardless of sexual orientation, cannot sustain anonymous or casual sexual patterns without eventually descending into addictive chaos, loss, and unhappiness. Bathhouses, public sex environments, sex clubs, prostitutes, locker-room sex, sex-finder websites, hours devoted to viewing porn and online/smart-phone-app hookups, while all potentially hot and exciting sexual venues, *must become and remain off-*

limits if the sex addict wants to stay sexually sober and grow emotionally. A sex addict must eliminate anonymous and recreational sex (*sport-fucking*). This is the sacrifice made by every sex addict who lives in recovery.

That said, living a healthy life should eventually include, for all sex addicts, a pleasurable, sustainable, and active sex life. The difference between active sex addiction and sex in recovery is that recovering sex addicts limit their sexual behavior to encounters that involve some form of stable intimacy and connection beyond the physical. This does not mean the “solution” or “cure” for sex addiction for the single gay male is to find a boyfriend, choose monogamy, and then get married. In fact, in the early stages of recovery (first year), most sex addicts are not yet ready to create and sustain the kind of healthy intimacy essential for a long-term commitment. Some men who are new to the process of sexual recovery mistakenly run out to find *that perfect relationship* the minute they stop acting out sexually. This immediate (desperate) search for a partner is often just another way for that person to lose themselves to “love” just as they previously lost themselves to sex. This path most often ends up with people getting hurt.

SOBER SEX WHILE DATING

Recovering sex addicts will eventually want and need to have sex. That’s a good thing, a human thing. These four simple rules provide some very basic guidelines for avoiding a return to active sex addiction when dating. By following these rules, you can expect to see significant changes in how you approach and feel about sexuality and dating.

1. Sex itself can no longer be the *primary focus* of your dating or romantic encounters.
2. Take time (usually several weeks and multiple dates) to get to know the person *before* having genital sex. It’s

even better to have a friend or two meet him before being sexual with him.

3. If sex with someone ever leaves you feeling bad (shameful, used, manipulated, or ignored) before, during, or after, then leave—*no matter how good or exciting the sex is or how cute the guy might be.*

4. If you are having sex with someone, it means you know that person well enough to introduce to friends or family (if you ran into them on the street). There should be nothing about your experience with them that you feel the need to hide or keep secret.

SEX AND DATING

“When can I start having sex?” and “When can I start dating (so I can have sex)?” are the two most frequently asked questions by single sex addicts in early recovery. Sex addicts need to learn how to differentiate healthy dating from simply using “dating” as a means to getting sex. Just as the sex addict beginning sobriety needs a well-defined written sexual boundary plan, when dating, he will need a clear and written plan for how to healthfully date.

Sample Dating Plan

1. No sex until after the third date.
2. No sex during the first three weeks of knowing someone new.
3. On the first date, we will stay in public places
4. I don't date anyone that I wouldn't introduce to friends.
5. I don't date anyone who is in a relationship with someone else.
6. I don't date anyone who is actively using hard drugs.

Write out your dating plan and then discuss it with someone else in recovery, preferably your sponsor, and/or your therapist. The goal of a dating plan is to help you learn

how to get to know someone before you're sexual with him. Dating plans help to tame the sex addict's initial impulse to have sex right away, before he ever gets to know the guy he is about to get off with. Mario has just started dating in recovery:

The dating part isn't so hard. I go out for coffee with a guy and see how we get along. If he's cute and if it works out, next time we do a movie or dinner. The hard part is that once I sit down and start talking to some of these guys—I mean really talking—my desire to sleep with them gets less and less intense. Most of them are fine until they open their mouths, and then I realize they don't have much to say. Or maybe they have a lot to say, but none of it interests me.

Since my dating plan says I need three dates before having sex, I find that I just don't have that much sex. I really need to be stimulated by what a guy has to say before I want to be sexual with him. I never knew this before. When I was having anonymous sex, no one ever said anything—everything took place in silence. No wonder I could never make any of those situations work out. Now at least I have a real chance of feeling good about myself, getting laid, and finding a boyfriend.

Now go to the Activity Appendix (exercise 12.1) to write your own personal dating plan.

THE RED, YELLOW, AND GREEN LIGHTS OF DATING

Anyone who drives in traffic or has ever played the childhood game *Red Light, Green Light* knows the importance of paying close attention to those color signals. The color shown instantly conveys what we should do next. It's no difference with dating really—we need to know when we must absolutely stop, when it's okay to go ahead, and

when we should pause and consider moving forward. Incorporate the Traffic Lights of Dating into your recovery work. The following are examples.



Red lights: Unacceptable characteristics or qualities in anyone I might date. I would stop seeing him if he is

1. A drug addict or alcoholic not in recovery
2. In a primary romantic relationship with someone else
3. Still living with an ex after they have broken up
4. An active sex addict
5. Someone who lies to me
6. Someone who doesn't return my calls, texts, or emails
7. Unemployed with no means of income other than his weekly unemployment check
8. Closeted



Yellow Lights: These characteristics or qualities might present a problem when I observe them in someone I am dating. I'll be cautious if he

1. Talks, especially about himself, a lot more than he listens
2. Recently ended a long-term relationship
3. Only calls me when he wants/needs something
4. Doesn't make me feel safe or appreciated when we're together
5. Makes me handle our social life
6. Doesn't offer to pay for meals or dates
7. Doesn't want me to meet any of his friends or co-workers and/or doesn't want to meet any of mine

8. Doesn't want to plan ahead, and often reschedules or cancels plans we've made



Green Lights: These are characteristics or qualities in a potential romantic partner that I really like and find attractive. I would be encouraged to continue dating if he

1. Asks what is going on with me and how I am doing
2. Offers to help me out with things I am doing
3. Surprises me with fun or playful experiences
4. Has interesting hobbies and his own sense of creativity
5. Shares interests with me
6. Returns calls, texts, and emails in a reasonable amount of time and shows up for things we've planned to do

By outlining the positive and negative signs that alert you to various personality types in dating and new relationships, you can be more objective when you're caught up in the excitement of meeting someone new. Having a solid dating plan and clearly delineated signals to rely on can help you establish and maintain balanced relationships and genuine affection. As your sexual relationships become more selective and less casual, you'll begin to develop a better sense of whom to choose as a sexual partner, and you'll reflexively make healthier and safer choices about who you date. Until then, creating and customizing your plan will help you find and stay on the path of healthy dating. Now go to the Activity Appendix (exercise 12.2) to complete your traffic lights for dating.

LEATHER, ROLE PLAY, FETISHES, AND BDSM

Being involved in BDSM, the leather scene, cross-dressing, or a fetish lifestyle does not make you a sex addict. Sex addiction is not defined by who or what body parts turn you on or how you like to touch or engage those parts. Rather, it is about shame, secrets, isolation, self-hatred, and a whole host of negative life consequences related to how you conduct your sexual life.

So how can a recovering sex addict who is into bondage experience his recovery and healthy sexuality without feeling constrained by some of the more “vanilla” suggestions in this chapter? How can you take part in the more alternative sexual behaviors that rely on forms of objectification and intensity and still sustain a commitment to recovery? Here is the answer (and it even rhymes): *Just go slow with someone you trust and know!*

The word *recovery* literally means to *retrieve or get back*—not to *remove* or *subtract*. The whole idea of recovery from sex addiction implies that at some point the sex addict will be able to recover or heal that which he has lost to his addiction. For the fetishist or sadist/masochist, this means that he will be able to slowly reintegrate those past sexual activities into his life, if they don’t create shame, isolation, secrets, self-hatred, or other negative consequences.

If you are open to feedback and being accountable to your recovery support network, as a BDSM or fetish enthusiast you can develop modes of sexual expression that reflect the essence of your deepest sexual arousal *and* support your sexual sobriety. As long as you are not sexually offending (having nonconsensual forms of sex), do not let anyone in Twelve Step programs—or therapy professionals, for that matter—convince you that your sexual interests are wrong or pathological. If the way you express your sexuality doesn’t cause negative consequences, does not involve keeping secrets, is not abusive, does not cause shame, and does not include nonconsensual sex—chances are it can be integrated into your sexual sobriety.

SEX AND THE RECOVERING COUPLE

Juan shares what recovery means for him and his lover:

By the time I fully disclosed the history of sexual acting out to my husband, I was certain that our relationship would be over. And for a while it was touch and go. Jeremy even asked me to move out for a couple of weeks. We talked seriously about splitting up. It was sad back then. But with the help of some really good therapy, the support of our friends, and my recovery program, we made it past that very challenging, difficult period. There had always been a lot of love between us—despite my acting out—and we both still wanted to explore that love to see where it went. We concluded we're both reasonably good guys with problems that can be fixed if we really work at it. And we have been working at it.

Jeremy and I are slowly working through his hurt and broken trust. There have been new moments of what feels like real intimacy between us—some sexual, some physical but not sexual, and some simple emotional closeness. I am now grateful for the simple exchanges between us—moments I used to ignore or take for granted. I've been given another chance to love.

REBUILDING RELATIONSHIP TRUST

For recovering sex addicts already in long-term, committed relationships, the healing process is different from that of a single man. Sadly, once the relationship has been violated, it will never be quite the same. Though couples can and do mature, even grow closer after sex addiction is revealed or discovered—and many relationships do continue—healing involves both partners committing themselves to a rebuilding process that can often proceed in fits and starts,

as each partner grows in different ways and at a different pace.

Sex addicts in early recovery are usually focused on specific tasks, such as learning about sexual sobriety, calling a sponsor, tuning in to their emotions, attending support meetings, journal writing, and/or going to therapy. In the early stages, they often feel hopeful about living without secrets. Spouses, however, are often in a very different emotional place. They are far more likely to feel angry, resentful, hurt, and chaotic than hopeful. Unlike the addict, who has always known about his behavior and secret life and who may now feel some relief at the prospect of a possible solution, most spouses have been in the dark surrounded by lies and secrecy. They are rarely happy about the “solution” because they may not have known a problem even existed!

Even in open relationships where partners have agreed to be sexually active with other people, spouses of sex addicts are often shocked to discover that there has been a lot more sex going on than they had consented to (outside the relationship). Other spouses feel betrayed and mourn the idea of losing their former sexual playmate, who has now decided to “reform his ways” by entering recovery. Sex addicts in the early stages of healing must question every aspect of their sexuality (past and present) while setting new boundaries and limits at every turn. This may not be what an openly non-monogamous spouse bargained for when the two first paired up. In most cases, with supportive direction and therapy, this volatile early period of recovery will pass as both partners adjust to a range of new dynamics and stressors.

WHAT ABOUT MONOGAMY?

In relationships where one or both partners are sex addicts, new rules and boundaries need to be created where none existed before. If a couple wants to remain together, any

scenario other than monogamy (for the sex addict) is not recommended. Many addictive couples have unconsciously avoided the intimacy and intensity that monogamy can create by simply never having a definitive conversation around “the monogamy question” or by choosing to remain an “open” couple. When a sex addict in a partnership chooses to recover, this undefined or mutual “openness” must end.

In such cases, both partners must commit to a higher degree of accountability and communication than ever before—in part because they will no longer have the excitement or distraction that having sex with other partners can provide, and they will face more direct challenges on issues surrounding genuine intimacy. In situations of betrayed trust, the healing that recovery can bring often promotes new opportunities for closeness despite the painful path it can take to get there.

RELATIONSHIP DYNAMICS AND SEXUAL ACTING OUT

Sexual acting out is triggered by the addict’s inability to tolerate difficult feelings and by life stressors, experiences, or interactions that mirror childhood trauma. Recovering sex addicts in long-term relationships have to focus on their own recovery and the emotional challenges that inevitably arise in their relationships. Just as the single man needs to understand more about his healthy wants and needs when starting to date, men in primary relationships need to identify what’s reasonable to expect of their partners and find ways of communicating those needs. While sexually acting out, lying, and keeping secrets, most sex addicts don’t feel they have the right to assert themselves or their needs to their partners. They may ask themselves, *How can I ask him to go out of his way for me when I am not really*

there for him? In recovery, the addict must find ways to better identify and express his feelings and needs.

Active sex addicts in long-term relationships often “play the victim,” justifying their sexual behavior by blaming their spouses: “He doesn’t listen to me! He doesn’t really care anyway. Why shouldn’t I get it somewhere else if I’m not getting what I want here?” In sobriety, the recovering sex addict can no longer place responsibility for his sexual acting out on his partner. Instead, he has to be accountable for his own emotions and actions. And after that, he must learn how to be assertive in his relationship.

Tommy, a recovering sex addict in a seven year relationship explains how he got a healthy sense of personal accountability:

In the past, I used to blame Jon to rationalize much of my sexual acting out to myself. After all, he wasn’t there for me, he asked too much of me, I made more money, he was looking older, didn’t take good enough care of himself, wasn’t sexy anymore, and on and on. Not only did I use that kind of thinking to justify my hooking up, but looking back I can see that I set myself up to act out. Pre-recovery, I never allowed myself to challenge or ask more of Jon because I didn’t learn that growing up. I never knew I had a right to have a real say in how things went in our relationship. When relationship issues upset me, I would just blame Jon in my head and then use that belief to allow myself to go act out.

Truth is—and this is all about growing up in an abusive home—I never stood up to Jon for what I truly wanted, never really talked much about me, and usually just did what he wanted. But when he somehow couldn’t guess what I wanted or didn’t agree with me, I became a child. I would sulk, withdraw, blame him (in my head), and then go act out. Today because I am going to meetings, getting therapy, and doing couples communication work

with Jon, I'm learning to take more responsibility for what I want and feel. I know now I have to take more risks to say what I want and need—even if it means disagreements or arguing. What surprises me most now is he actually seems to value my asking him what I want. As I've become more confident and assertive, my desire to act out sexually has diminished significantly. We also have a kind of playfulness that we never had before—not even when we first met. I'm sorry to have caused so much hurt and damage. And I wouldn't wish sex addiction on my worst enemy, but those feelings aside, the unfolding of my healing continues to both surprise me and make me feel hopeful in ways I never did before.

RELATIONSHIP SEXUALITY

Today's psychologists and sexologists are busily exploring successful long-term heterosexual marriages to try to learn what many gay men have long known intuitively. Couples can maintain an exciting sex life by frequently introducing new forms of sexual and sensual stimulation. So the "new" advice goes out to the heterosexual world on every pop magazine cover: "Take Sexy Weekend Spa Holidays!" "Try Toys!" "Scents!" "Hot Lingerie!" TV ads abound touting the pleasures of his and hers lubricants, with soon-to-be satiated couples practically sprinting home from the drug store to hop in bed and wow one another.

A primary goal for recovering sex addicts, however, is to move away from sexual innovation, focusing instead on emotional closeness and physical intimacy. It's a major challenge for sex addicts to strike a balance between ongoing, healthy emotional intimacy and genuine sexual arousal and excitement. A prescription for many gay couples with a sex addiction problem is exactly the opposite of the typical advice for nonaddicted couples: *Put away the distractions and concentrate on each other.*

One of the first steps toward healthy sexuality for gay male couples is to discard the porn, drugs, toys, often the entire genital/orgasm-focused experience (at least for a period of time), exchanging sexual intensity for simpler forms of physical connection, emotional interaction, and relationship-focused arousal. This involves simple touching, caressing, and eye contact.

Through these careful, deliberate expressions, couples can build romantic closeness and sexual trust—perhaps for the first time. Later they may decide to reintroduce toys and other distractions, but before they do they must first establish a foundation of intimacy.

Suggestions for building intimacy follow.

Nonphysical Romantic Intimacy Building Blocks

- love letters
- special names for each other
- gifts—both small and large
- flowers
- making dates to spend time together
- taking time to listen
- taking time to do things he likes more than you do without looking for compliments
- doing favors for your partner, like unexpectedly coming home early to make dinner
- asking about his day without expecting to talk about yours
- taking over a task he hates (dishes, laundry) without looking for compliments
- looking into his eyes
- telling him what you value about him
- walking in nature together
- planning special evenings/weekends/vacations to be spent either alone or with good friends

Physical Romantic Intimacy Building Blocks

- bathing one another
- massaging his neck, back, arms, shoulders, legs
- combing his hair
- rubbing oil into his skin or on his feet
- holding hands
- kissing
- cuddling and spooning

Sexual Intimacy Building Blocks

- talking during sex—letting your partner know more about what you like
- keeping the lights on—looking into his eyes as you pleasure one another
- allowing laughter—sex doesn't have to be so serious!
- staying present and being willing to stop if you get distracted
- being spontaneous—trying new positions and being playful with each other
- learning more about male sexuality through reading or non-triggering workshops

The Key to Intimacy

The key to long-term sexual intimacy is physical closeness with your partner from an emotional place of willingness as opposed to horniness. It is highly unlikely that any long-term relationship will bring about the same level of insta-lust and excitement you initially shared before being together for a year or more. And no long-term relationship is ever going to offer the kind of sexual intensity that comes when having sex with a stranger, prostitute, or affair partner. This “loss” is something that most sex addicts have to grieve and accept if they are going to find long-term relationship happiness.

Highly satisfying sexuality with a long-term partner is born out of emotional safety, knowing each other, shared intimacy, history, and connection. This kind of sex starts with being willing to hold, stroke, play with, massage, and connect with your man and often ends up with surprisingly wonderful results.

Intimacy Homework

Plan time to interview your partner about sex. Ask him what experiences and activities make him feel special in each area of his body. What does he like, love, dislike, or even hate? Take notes. Then have your partner interview you. This simple exercise will offer you both insights that can enrich the romantic and sexual qualities unique to your relationship.

LIFE IN RECOVERY: BOREDOM OR BLISS?

While most sex addicts enter Twelve Step recovery or treatment to find relief from the suffering their addiction has caused them, they usually aren't prepared for the necessary behavioral changes and emotional discomfort the process often entails. Though they may have accepted that they have a problem, some addicts still balk at having to dramatically alter attitudes they previously held dear, and almost all people in recovery struggle with larger daily concerns—overworking, poor exercise and eating habits, overspending, alcohol and drug abuse, problem relationships, or isolation—the ones that can easily restart the addictive process if not vigilantly attended to. No sex addict has ever managed to remain sober simply because he felt terrible about the consequences of his sexual acting out—no matter how awful the consequences. The bad feelings evoked by traumatic events fade over time, but the lure of sexual intensity never loses its appeal.

Since one primary goal of recovery is to distance oneself from intensity-based sexual and romantic experiences, explore experiences that lead to serenity and mindfulness. The more you learn to recognize, contain, and manage strong emotions, the healthier you become. Quieting practices such as yoga, meditation, journaling, and artistic self-reflection offer essential tools that can help you capture and sustain calm, quiet feelings while learning patience with yourself and others. As such, many people choose to incorporate some type of spiritual or religious practice into their recovery.

There are also many ways to develop the kinds of *creative passions* that will enliven your life and relationships without taking you down the wrong road. Trying out new hobbies, evolving your work or creative dreams, and engaging in sports or other social activities—all will help you to feel more alive and connected to you and others.

It is strongly suggested that all people in recovery find ways to contribute to the well-being of others, rather than simply focusing on themselves. Simple acts of giving and doing for those less fortunate than yourself brings self-esteem and unforeseen benefit.

Ed speaks of his experience:

I'm amazed by the unexpected changes that sexual recovery has made in my life. When I was younger, I loved playing with my cousins and the other kids in my neighborhood. Now that I'm not at the gym every night cruising, I am taking time to volunteer at our local children's hospital. This guy—me, right?—the one who felt so sleazy and alone for such a long time is now working with families and the kids. Not only does it makes me feel worthwhile, but I have a lot of fun doing it and am making new friends, something I thought impossible over age twenty-five.

Lately I've retaught myself to cook—and pretty well, too—which is something I always loved. And out of the cooking has come hosting monthly get-togethers for a group of recovering guys, more new friends!

Once a month I go to single gay poker night, where each of us has to invite another single friend to come with. I'm not having any hot sex yet, and so far there's no "right guy on the horizon," but I'm having a lot of unexpected fun and I'm growing. The desire for sexual intensity has waned for the most part, and I'm very grateful for that. So many good things—my new life, in fact—has come out of my worst nightmare: admitting I am a sex addict and asking for help.

Living without an endless pursuit of sexual intensity can actually be a relief. As sex addicts withdraw from long-standing patterns of acting out, grieve the loss of sex as a distraction from their troubles, and begin to grow beyond them, they discover all that unexpected time and energy for creativity and personal growth, making what might initially have seemed boring not so dull after all. Beyond Twelve Step recovery, the urban gay world has countless opportunities for play and creative expression that have nothing to do with sex. Activities abound—from softball teams, churches, temples, theater groups, to meditation and gay rodeo.

"Hopeful" is a much more accurate word than "boring" to describe the life of the gay man committed to moving beyond the objectification, shame, and secrecy of sex addiction. Every day men are able to escape lifelong patterns of addictive sexual behavior and change their lives! This is a fact. No matter how long you've been living in a cycle of addiction and no matter how profound the consequences of your past sexual acting out, you can begin to change your life *today*. The only tools required are the willingness to be honest, the motivation to change, and the

ongoing involvement of nonjudgmental, helpful people who both understand your struggle and who, like you, have shown the courage to live integrity and become whole.

SUPPORT RESOURCES

The following are selected listings of organizations for sex addicts, sex offenders, and couples in which one or both partners are sexually addicted. Many meetings are open to anyone who wishes to attend, while others are closed to members only or are gender specific. Before attending a meeting, check ahead by viewing an annotated meeting list online or calling a local hotline. Hotline operators usually take your name and number and then call back with meeting information or forward a recorded announcement. Conversations with hotline staff are confidential.

TWELVE STEP PROGRAMS FOR SEX ADDICTS

Sex Addicts Anonymous (SAA): www.saa-recovery.org, (800) 477-8191. SAA is a Twelve Step program for sex addicts and some sex offenders. SAA offers a good mix of gay- and straight-oriented meetings. Women attend some meetings.

Sex and Love Addicts Anonymous (SLAA): www.slaafws.org, (210) 828-7900. SLAA is a Twelve Step program designed for sex addicts, love addicts, and other people with patterns of unhealthy romantic relationships. SLAA has more females than males. Some meetings are for women only.

Sexaholics Anonymous (SA): www.sa.org, (866) 424-8777. SA is a Twelve Step program for sex addicts and sex offenders. Most of the meetings are composed of men. SA is the least gay-supportive of the Twelve Step recovery programs for sex addiction because it bases its definition of sobriety on traditional concepts of marriage. However, individual groups vary widely in their degree of openness to GLBT issues.

Sexual Compulsives Anonymous (SCA): www.sca-recovery.org, (800) 977-4325. SCA is a Twelve Step program designed primarily for sex addicts, concentrated mostly in major urban areas. Its meetings often reflect a sizable gay presence, and it is generally regarded as the most gay-friendly of the sexual recovery programs. Women attend some meetings.

Sexual Recovery Anonymous (SRA): www.sexualrecovery.org, info@sexualrecovery.org. SRA is a Twelve Step program similar to SA, except that the phrase “committed relationship” is used instead of “marriage.” Meetings are limited in number but open to everyone in sexual recovery. Regional contact numbers for groups in the United States and abroad can be found on the website.

TWELVE STEP PROGRAMS FOR SPOUSES/PARTNERS

COSA: www.cosa-recovery.org, (866) 899-2672. A companion program to SAA, COSA is a Twelve Step program for partners and significant others of sex addicts and sex offenders. Both men and women attend groups.

S-Anon International: www.sanon.org, (800) 210-8141. A companion program to SA, S-Anon is a Twelve Step program for spouses/partners of sex addicts and sex offenders. Most meetings are comprised of married women.

TWELVE STEP PROGRAMS FOR COUPLES

Recovering Couples Anonymous (RCA): www.recovering-couples.org, (781) 794-1456. RCA is a Twelve Step program that focuses on recovery issues experienced by couples affected by sex addiction. Both partners (addict and co-addict) are encouraged to attend. All committed couples are welcome.

NATIONAL THERAPY RESOURCES

International Institute for Trauma and Addiction Professionals (IITAP): www.iitap.com. IITAP offers professional training and certification in sexual addiction treatment.

The Ranch: www.recoveryranch.com. The Ranch is an intensive, effective, and affordable Tennessee-based residential treatment center for relationship and sexual addiction treatment.

Robert Weiss, LCSW, CSAT-S: www.robertweissmsw.com. The author's website includes blogs, articles, and lecture/speaker/media contact information.

Sex Help: www.sexhelp.com. Sex Help is an online resource developed by Dr. Patrick Carnes offering books, exercises, and referrals from the leader in the sex addiction field.

The Sexual Recovery Institute: www.sexualrecovery.com, (866) 585-9174. SRI is a gay friendly treatment center in Southern California, founded by the author, providing local and national outpatient programs and helpful articles and referrals on the website.

The Society for the Advancement of Sexual Health (SASH): www.sash.net, (866) 389-3974. SASH serves both treatment professionals and recovering individuals, provides information on addiction therapists, treatment centers, and support groups.

COMPUTER AND SMART-PHONE BLOCKING SOFTWARE

Sex and romance addicts, their partners, and the clinicians who treat them should look for the following in any protective software:

- **Customizable Controls:** First and foremost, the software should include a customizable Internet filter. Most products offer various preset filtering levels. These preset levels are usually appropriate “as is” for children and teens. Adults, however, have different issues and needs. The best products allow for the blacklisting and whitelisting of certain sites—meaning sites that would normally be allowed at a certain preset filtering level can be manually blocked (blacklisted), and sites that would normally be blocked can be manually unblocked (whitelisted). The filter should work regardless of the language in which the website is written.
- **Accountability:** The software should include some sort of accountability function, meaning an “accountability partner” is notified of the user’s online travels, including websites visited, attempts to visit blocked websites, chat-room activities, IM conversations, GPS location (on mobile devices), and time of usage (both when and for how long). For children, the accountability partner is a parent. For sex and romance addicts, the accountability partner is usually the addict’s spouse/partner, therapist, or Twelve Step sponsor. Ideally, the software should allow for more than one accountability partner. The accountability feature should be customizable, meaning the accountability partner can get daily reports, weekly reports, monthly reports, on-demand reports, and even instant notification if the addict uses or attempts to use the Internet in a certain way.

- **HTTPS and Proxy Blocking:** Tech-savvy addicts have been known to use proxies (intermediary web servers) and encrypted HTTPS connections to circumvent filtering software. The software you choose should have features that prevent such abuses. The software should also not be installable without a password. Ideally, the program will notify the addict's accountability partner if the addict attempts to uninstall or circumvent the filtering and accountability features of the program.

- **Ease of Use:** The software should be easy to install and to customize. If you are protecting more than one device, you should be able to configure global settings using a web-based interface. In this way, you can establish settings on all of your devices simultaneously instead of dealing with each machine individually.

- **Availability for Your Device and Use on Multiple Devices:** Always check the software publisher's website to make sure their product is appropriate for your computer, laptop, smart phone, and other mobile devices. It doesn't matter how great a program's features are if it doesn't function on your equipment. Also check to see how many devices (and what types of devices) the license covers. Most people need protection on a home computer, a laptop, and a smart phone, and it's convenient if you can purchase only one license.

It is important to remember that even the best Internet filtering software is not perfect. A resourceful and tech-savvy sex or romance addict can eventually find ways to access whatever it is that he's looking for, or he can simply borrow a friend's phone or computer. As such, parental control software programs should not be viewed as enforcers of recovery, but as one of many tools of recovery that can help an addict maintain sobriety (through the

filtering features) and rebuild trust with his spouse or partner (through the accountability features).

Be aware that the following list of software is current at the time of publication. For the latest software updates, go to www.robertweissmsw.com.

- **BSecure Family Safety for Mobile Browser:** www.bsecure.com, annual subscription fee offers customizable Internet filtering and accountability features for your home computer, laptop, and mobile devices.
- **CovenantEyes:** www.covenanteyes.com, monthly subscription fee offers customizable Internet filtering and accountability features for your home computer, laptop, and mobile devices.
- **Mobicip:** www.mobicip.com, for a onetime download charge and a modest annual subscription fee, you get a “Safari-clone” replacement browser for your mobile devices with customizable Internet filtering and accountability features.
- **SafeEyes Mobile:** www.internetsafety.com, for a onetime download charge, you get a replacement browser for your iOS mobile device that offers customizable Internet filtering and accountability features. Only available for iOS devices (iPhone, iPad, etc.).

RECOMMENDED READING

RECOMMENDED READING FOR SEX AND LOVE ADDICTS

Anonymous, *Hope and Recovery: A Twelve-Step Guide for Healing from Compulsive Sexual Behavior*. (Center City, MN: Hazelden Publishing, 1994). This was one of the first books to comprehensively describe the application of the principles of Alcoholics Anonymous to sex addiction and sexual compulsion. It includes a wide range of personal stories in which recovering sex addicts share their experiences and hopes.

Anonymous, *Sex and Love Addicts Anonymous*. (Norwood, MA: Augustine Fellowship, 1986). This is the official book of the Twelve Step program of Sex and Love Addicts Anonymous. This is a vital resource for sex and love addicts.

P.J. Carnes, *A Gentle Path through the Twelve Steps: The Classic Guide for All People in the Process of Recovery*. (Center City, MN: Hazelden Publishing, 2012). A thorough workbook designed to help people in recovery work on the Steps in written form with clear outlines and direction.

P.J. Carnes, *Out of the Shadows: Understanding Sexual Addiction*. (Center City, MN: Hazelden Publishing, 2001). Over twenty years ago, Carnes's groundbreaking first edition of this book introduced the idea of sex addiction into popular culture. The latest third edition is as helpful and current as ever. Though written primarily with heterosexual readers in mind, it is a must-read for every recovering sex addict.

C. Kasl, *If the Buddha Dated: A Handbook for Finding Love on a Spiritual Path*. (New York: Penguin, 1999). Dr. Kasl's first exploration of helping single people find a grace-based way

to date and seek a mate is a wonderful read and an instructive guide to healthy, recovery-oriented dating.

J. Kort, *10 Smart Things Gay Men Can Do to Improve Their Lives*. (New York: Magnus Books, 2012). Gay psychotherapist Joe Kort brings his experience of working with hundreds of clients to his book, which details ten powerful and positive steps that gay men can take to achieve a healthier, more rewarding life.

W. Maltz, *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse*, 3rd ed. (New York: William Morrow, 2012). This step-by-step guide to recovery from sexual abuse offers first-person accounts of women and men at every stage of the sexual healing journey and includes exercises and techniques for survivors of sexual abuse.

K. McDaniel, *Ready to Heal: Breaking Free of Addictive Relationships*. (Carefree, AZ: Gentle Path Press, 2012). This book was written to help women break free from the chains of addictive relationships that sabotage happiness and self-respect.

P. Mellody, A.W. Miller and J. K. Miller, *Facing Love Addiction: Giving Yourself the Power to Change the Way You Love*. (San Francisco: Harper, 1992). A classic introductory discussion of love addiction and learning to understand and heal from its challenges.

RECOMMENDED READING FOR PARTNERS, FRIENDS, AND FAMILY OF SEX AND LOVE ADDICTS

M. Beattie, *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*. (Center City, MN: Hazelden Publishing, 1986). Recovery has begun for millions of people with this straightforward guide. Through therapeutic exercises and examples drawn from real-life

experiences, Beattie shows how controlling individuals can force those close to them to lose sight of their own needs and happiness.

J. Schneider and M.D. Corley, *Disclosing Secrets: A Partner's Guide for Healing the Betrayal of Intimate Trust*. (North Charleston, SC: CreateSpace, 2012). This book helps partners better understand the trauma resulting from the addict's behaviors and offers a step-by-step guide for how to begin the healing process, prepare for the impact of living with an addict (even an addict in recovery), and deal with shame, anger and fear.

J.P. Schneider and R. Weiss, *Cybersex Exposed: Simple Fantasy or Obsession?* (Center City, MN: Hazelden, 2001). Co-written by the author of *Cruise Control* and Jennifer Schneider, an expert on partner and spousal concerns, this book primarily focuses on cybersex addiction and is intended for people of all sexual orientations. Taking a reality-based approach, it does a good job of discussing the problem of cybersex addiction and potential solutions.

RECOMMENDED READING FOR THERAPISTS AND PROFESSIONALS

P.J. Carnes, *Contrary to Love: Helping the Sexual Addict*. (Center City, MN: Hazelden, 1989). This helpful, understated book is a good read for any clinician wanting to better understand how to approach the treatment of a sex addict.

P.J. Carnes, *Facing the Shadow: Starting Sexual and Relationship Recovery*. (Carefree, AZ: Gentle Path Press, 2005). This task-centered book guides individuals through the recovery process with written assignments and psychoeducation.

P.J. Carnes and K.M. Adams, eds. *Clinical Management of Sex Addiction*. (New York: Brunner-Routledge, 2002). A variety of experts offer their perspectives on sex addiction

in this compendium of articles, many of which are practical in focus and offer helpful suggestions about dealing with day-to-day issues and administering patient care.

R.H. Coombs, ed. *Handbook of Addictive Disorders: A Practical Guide to Diagnosis and Treatment*. (Hoboken, N.J.: Wiley, 2004). This extremely helpful guide to understanding all types of addictions and how to manage them was compiled by experts in all the various areas of addiction treatment. It is the first comprehensive work of its kind.

B. Cooper, ed. *Sex and the Internet: A Guidebook for Clinicians*. (New York: Routledge, 2002). This is the first professional book covering issues related to sex and the Internet. Leading scholars, clinicians, and academicians in the field have contributed to this emerging and often misunderstood topic.

RECOMMENDED READING FOR COUPLES

B. Berzon, *Permanent Partners: Building Gay and Lesbian Relationships That Last*. (Los Angeles: Plume, 2004). Berzon offers readers a well-written and authoritative guide to creating healthy, lasting partnerships. She has drawn upon more than fifteen years of professional experience counseling lesbians and gay men.

P.J. Carnes, D. Laaser, and M. Laaser, *Open Hearts: Renewing Relationships with Recovery, Romance, and Reality*. (Carefree, AZ: Gentle Path Press, 1999). A task-focused book designed to take couples through the recovery process with written assignments and homework.

H. Hendrix, *Getting the Love You Want: A Guide for Couples*. (New York: Henry Holt & Co, 2007). Hendrix's classic guide covers how to understand and confront patterns of problem behavior that couples enact over and over again.

C. Kasl, *If the Buddha Married: Creating Enduring Relationships on a Spiritual Path*. (New York: Penguin, 2001).

This is a lovely book offering kind wisdom and direction for any couple wishing to move beyond relationship intensity onto a path of intimacy.

E. Larsen, *Stage II Relationships: Love Beyond Addiction*. (San Francisco: Harper, 1987). Larsen discusses how couples and families can rebuild relationships and intimacy after confronting issues of addiction.

E. Marcus, *The Male Couple's Guide: Finding a Man, Making a Home, Building a Life*, 3rd ed. (New York: Perennial Currents, 1999). A warm, commonsense book offering help for all stages of gay dating and relationships.

B. Schaeffer, *Is It Love or Is It Addiction?* 3rd ed. (Center City, Minn.: Hazelden, 2009). Schaeffer's book is useful for gaining an understanding of the distinctions between addictive and nonaddictive relationships. She also offers suggestions on how to improve relationships.

ACTIVITY APPENDIX

Exercise 1.1: THE G-SEXUAL ADDICTION SCREENING TEST (G-SAST-R)

The Gay Male Sexual Screening Addiction Test (G-SAST-R) is a preliminary sexual addiction assessment tool. To complete the test, answer each question by placing a check in the appropriate Yes/No box. A score higher than three may indicate symptoms of sexual addiction, which would require further exploration with a professional clinician. You can also complete the G-SAST online at www.sexualrecovery.com.

1. Were you abused or emotionally neglected as a child or adolescent?
☐ Yes ☐ No
2. Do you regret the amount of time you spend online in online sexual chats, viewing porn, webcam sex or chatting with prostitutes etc?
☐ Yes ☐ No
3. Did your parents have ongoing sexual or romantic problems?
☐ Yes ☐ No
4. Do you feel preoccupied or distracted by your sexual thoughts or activity?
☐ Yes ☐ No
5. Have you on multiple occasions kept hidden or lied about money that you spent on having sex?
☐ Yes ☐ No
6. Does your significant other(s), friends, or family ever worry or complain about your sexual behavior?
☐ Yes ☐ No

7. Do you have trouble stopping your sexual behavior when you know it is inappropriate and/or dangerous?

☐ Yes ☐ No

8. Has your involvement with porn, online or smart-phone hook-ups, sex and dating websites, cruising social networks for sex etc., become greater than your intimate contacts with romantic partners?

☐ Yes ☐ No

9. Do you keep the extent or nature of your sexual activities hidden from your friends and/or partners?

☐ Yes ☐ No

10. Do you look forward to family events being over or for a spouse or significant other to go someplace without you so you can easily go out to have sex?

☐ Yes ☐ No

11. Have you had certain kinds of sex, or had sex with certain people, that you later regretted?

☐ Yes ☐ No

12. Do you believe that anonymous or casual sex has kept you from having more long-term intimate relationships or from reaching other personal goals?

☐ Yes ☐ No

13. Do you have trouble maintaining relationships once the "sexual newness" of a new partner has worn off?

☐ Yes ☐ No

14. Do your sexual encounters place you in danger of arrest?

☐ Yes ☐ No

15. Have you ever potentially exposed a loved-one or spouse to a sexually transmitted disease and not told them about it?

☐ Yes ☐ No

16.Has anyone ever been hurt emotionally by events related to your sexual behavior, e.g., lying to partner or friends, not showing up for event/appointment due to sexual hook-ups, etc?

☐ Yes ☐ No

17.Have you ever been approached by private security, charged, or arrested by the police, etc. related to your sexual activities?

☐ Yes ☐ No

18.Have you ever been sexual with a minor?

☐ Yes ☐ No

19.When you have sex, do you feel depressed afterwards or later regret it?

☐ Yes ☐ No

20.Have you made repeated promises to yourself or another person to change some form of your sexual activity only to break them later?

☐ Yes ☐ No

21.Have your sexual activities interfered with some aspect of your professional or personal life, e.g. caused problems at work, loss of relationship?

☐ Yes ☐ No

22.Have you engaged in repeated experiences of unsafe or "risky" sex even though you knew it could cause you harm?

☐ Yes ☐ No

23.Have you had more than one sexually transmitted disease?

☐ Yes ☐ No

24.Have you ever had sex with someone just because you were feeling aroused and later felt ashamed or regretted it?

☐ Yes ☐ No

25. Do you or have you cruised public restrooms, rest areas, gym locker rooms, and/or other public places seeking anonymous sexual encounters with strangers?

☐ Yes ☐ No

Originally developed by Robert Weiss, LCSW, CSAT-S, and Patrick J. Carnes, PhD
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Exercise 6.1: GOALS FOR MY SEXUAL BOUNDARY PLAN

Below, list eight reasons why you want to make changes in your sexual behavior. To help you get started, see Eli's goal list in chapter 6. Include negative things you want to avoid along with some positive directions you want to take.

My goals—based on situations I don't want to reoccur and those I want to enhance

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

The task of creating a sexual boundary plan becomes easier after writing down your goals.

Exercise 6.2: MY SEXUAL BOUNDARY PLAN

Review the goals you set for yourself in exercise 6.1 and then complete the following (you may choose to write your plan below, on a separate piece of paper, or on your computer or other device). Sample plans are in chapter 6.

My Inner Boundaries

Bottom-Line Behavior (Sexual Behavior Only)

This is the absolute definition of sobriety—your bottom line. The inner boundary defines the most damaging and troublesome behaviors that you can no longer tolerate.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

My Middle Boundaries

Warning Situations and Signs of Trouble

These behaviors jeopardize my sobriety and emotional stability. When I start getting into anything below, I need to talk to a friend, reach out for help, and let them know what is going on. If you get stuck, review some of the triggers for relapse in chapter 6.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

My Outer Boundaries

The rewards and maintenance steps that will help me keep my sexual sobriety and enjoy my life.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Now, review your boundary plan with someone you trust and have him or her sign and date here.

Reviewed with _____

Date _____

Exercise 10.1: KNOWING MY RELATIONSHIP NEEDS

Complete the following (you may choose to write on a separate piece of paper, your computer, or other device). Examples are given in chapter 10.

1. My emotional need in a relationship is

The way that I know this need is being met is

2. My emotional need in a relationship is

The way that I know this need is being met is

3. My emotional need in a relationship is

The way that I know this need is being met is

4. My emotional need in a relationship is

The way that I know this need is being met is

Exercise 12.1: MAKING A DATING PLAN

In the space below, draft your own personal dating plan. As you're writing, keep in mind your goals for sexual recovery as well as your past history of sexual acting out.

My Personal Dating Plan (Rules for Dating)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Now, review your personal dating plan with someone you trust.

Name of the individual I discussed this with:

Date on which I committed to my plan:

My signature: _____

Note: Now return to chapter 12 to learn about the red, yellow, and green lights of dating.

Exercise 12.2: MY TRAFFIC LIGHTS FOR DATING

Choose your own red, yellow, and green light signals for your dating plan by completing this exercise. Feel free to write these in your notebook, journal, computer, or other device for easy reference.



My Red Lights—He's a Goner!

1. _____
2. _____
3. _____
4. _____
5. _____



My Yellow Lights—Maybe He's In, Maybe He's Out.

Potential problematic character or qualities in someone I am dating.

1. _____
2. _____
3. _____
4. _____
5. _____



My Green Lights—This Guy's a Winner!

Attractive characteristics or qualities in a potential romantic partner:

1. _____
2. _____
3. _____
4. _____
5. _____

Review this list with someone who can help you evaluate whether your expectations are reasonable or whether you're overselling or shortchanging yourself.

Foreword

¹ U.S. Dept. of Health and Human Services, *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals* (Rockville, MD, Substance Abuse and Mental Health Services Administration for Substance Abuse Treatment, HHS Publication No. (SMA) 09-4104, 2001), p. xiii.

Chapter 1

² The cycle of addiction was adopted from multiple sources originating from the work of Patrick J. Carnes and Mark Laaser.

Chapter 3

³ P.J. Carnes, *Don't Call It Love: Recovery from Sex Addiction* (NY: Bantam, 1992).

Chapter 4

⁴ P.J. Carnes, *Contrary to Love* (Center City, MN: Hazelden, 1994).

⁵ G. Hanson and L. Hartmann. "Latency Development in Prehomosexual Boys," *The Textbook of Homosexuality and Mental Health* (Washington, D.C.: American Psychiatric Association, 1996).

Chapter 5

⁶ R.P. Cabaj, "Substance Abuse in the Gay and Lesbian Community," *Substance Abuse: A Comprehensive Textbook*, ed. Joyce H. Lowinson et al., 2nd ed., (Philadelphia, Lippincott, Williams & Wilkins, 1992), pp. 852-860.

⁷ R.P. Cabaj, "Substance Abuse in Gay Men, Lesbians, and Bisexuals," *Homosexuality and Mental Health*, ed. R.P. Cabaj and Terry S. Stein (Washington, D.C.: American Psychiatric Association, 1996), pp. 783-800.

⁸ C. Reback, *The Social Construction of a Gay Drug: Methamphetamine Use Among Gay Men in Los Angeles* (Los Angeles, CA: City of Los Angeles AIDS Office, 1997), p. 49.

⁹ C. Reback, *ibid.*, p. 48.

¹⁰ J. Lavick, Director of Mental Health Services, Los Angeles Gay & Lesbian Center, November 2003 (personal communication).

¹¹ DSM-IV TR (Arlington, VA: American Psychiatric Association, 2000), *passim*. Adapted from the criteria for substance abuse and substance dependency.

Chapter 6

¹² P.J. Carnes, *Out of the Shadows*, 1st ed. (Minneapolis, MN: CompCare, 1983), *passim*.

Chapter 10

¹³ P. Mellody, A.W. Miller and J.K. Miller, *Facing Love Addiction: Giving Yourself the Power to Change the Way You Love* (San Francisco, CA: Harper, 1992), *passim*.

¹⁴ P. Mellody, A.W. Miller and J.K. Miller, *Facing Love Addiction: Giving Yourself the Power to Change the Way You Love* (San Francisco, CA: Harper, 1992).

Chapter 11

¹⁵ The Partner's Sexual Co-Addiction Screening Test was adapted from the Sexual Recovery Institute in Los Angeles, CA

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